Hancock Women's Center
1009 Benigno Lane
Bay St. Louis, MS 39520
Phone: (228) 467-2555
Fax: (228) 467-5480

I, ____________________________, hereby request the release of my Medical Records and/or Private Health Information (PHI) to Hancock Women's Center from:

____
Doctor or Clinic

____
Address

____
City, State, Zip

____
Phone Fax

Records to be released include:
_____ All Records
_____ Limited to dates of service or conditions listed below:

____

____

This request expires on: _________________

____
Patient's Printed Name

____
Date of Birth Social Security Number

____
Signature of Patient or Legal Guardian