



7th Street Clinic - 9303 N. 7th Street, Suite #4, Phoenix, AZ 85020
McDowell Clinic - 3516 W. McDowell Rd., Phoenix, AZ 85009
Hope Mobile Clinic - ...On the move serving our community
(602) 305-5100 www.LCWcaz.org info@lcwcaz.org

AUTHORIZATION TO RELEASE INFORMATION

I, _____, Date of Birth: ____/____/____
Authorize Life Choices Women's Clinic to release my records to:

Name: _____
Address: _____
City/State/Zip: _____
Fax #: _____

This authorization shall only be effective for 90 days from the date of the signature below:

I have read and fully understand the above statement:

Patient's Signature Date

Patient's Name (printed)

A copy of photo identification must be included with this release form.

Fax completed form and identification to 602-870-7697

For Office Use Only below this line

Records Release completed as indicated:

- Provided copy in person
Mailed as indicated above
Faxed as indicated above
Provide copy in person to proxy:

Name

LCWC Staff Signature Date