



**Desert Rose
OB/GYN, P.C.**

6242 E. Arbor Ave. #107
Mesa, AZ 85206
(480) 897-8000
Fax (480) 830-3690

Terry A. Huff, M.D.,F.A.C.O.G.
Board Certified
Lisa Rose Huff, M.D.,Ph.D.

MEDICAL RECORDS CONSENT FORM

This form is to protect your privacy and to prevent any persons from receiving medical records including appointment and billing issues that you have not consented to. Please indicate below the names of any doctor, relative or other persons whom you wish to have access to your medical records this list will enable our office to release medical records to those persons when requested. Please be aware that we cannot release medical records to anyone who is not listed on this form without first receiving a signed consent from you. This list may be revised at anytime.

NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION
NAME	RELATION

I authorize the release of medical records including appointment and billing issues to the persons named above at their request or my own.

Signature of Patient or Responsible Party

Date