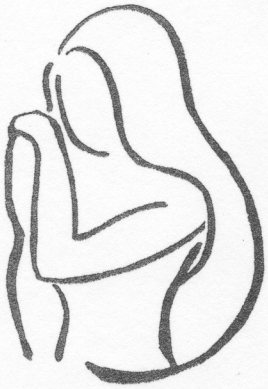

INFORMED CONSENT FOR DISCLOSURE OF PATIENT HEALTH CARE INFORMATION

(Complete in full. See reverse side for instruction.)

1. _____ _____ _____
(Patient Name) (Date of Birth) (Maiden Name)

2. AUTHORIZE: 3. TO RELEASE TO:

	Name:
Lakeside OB/GYN, S.C.	Address:
2524 E Webster Place #303	City, State:
Milwaukee, WI 53211	Zip Code:

4. INFORMATION TO BE RELEASED: (Check all that apply)

	All Clinic Records		Laboratory Reports
	Radiology Reports		Other:

In compliance with Wisconsin Statutes, which require special permission to release otherwise privileged information, please release records pertaining to:

	Alcoholism		HIV (AIDS)
	Developmental Disabilities		Drug Abuse
	Mental Health		Other:

HIV test results may be released without an authorization only in certain circumstances. A list of these circumstances will be made available upon request.

5. PURPOSE FOR DISCLOSURE: (Check all that apply)

	Further medical care		Application for insurance
	Obtain payment for insurance claim		Disability determination
	Vocational rehabilitation evaluation		Legal investigation

6. This authorization will remain in effect until this request is processed unless you specify this authorization to be effective for an additional time period.

_____
(Specify additional time period or "NONE.")

7. I authorize release of my medical records in accordance with the specifications listed above. I understand I may revoke this authorization by making a request in writing.

8. Signature of Patient:_____ Date:_____

If signed by person other than patient, state relationship and authority to do so.
(Check applicable terms.)

Patient is:		Minor		Incompetent		Disabled		Deceased
Legal Authority is:						Parent		Legal Guardian
	Next of kin or personal representative of deceased					Other personal representative with written authority		

LAKESIDE OB/GYN, S.C. RESERVES THE RIGHT TO CHARGE FOR THE COPYING OF MEDICAL RECORDS.

Fee Received_____
Date Copied/Sent:_____
Completed By:_____

4-9-03

Lakeside OB/GYN, S.C.

Kathleen M. Trebian, MD

2524 East Webster Place
Suite #303
Milwaukee, WI 53211

Phone (414) 271-1116
Fax (414) 271-1114