

Authorization of Release of Medical Records

Gentle Harbor Midwifery  
1793 Newman Terrace  
Benton Harbor MI 49022  
Terrie Lemley, CNM

Phone 269-470-2611  
Fax 269-593-5987

**Patient Information (please print)**

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ E – Mail \_\_\_\_\_

**Release My Records From:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Release Medical Records To:**

*Gentle Harbor Midwifery*  
Terrie Lemley, CNM  
1793 Newman Terrace  
Benton Harbor MI 49022  
Phone: 269-470-2611 Fax: 269-593-5987

**We Request the Following Medical Records:**

\_\_\_\_\_ This pregnancy only dating \_\_\_\_\_

\_\_\_\_\_ GYN care from last visit including last pap smear results and \_\_\_\_\_

\_\_\_\_\_ Other lab results to include: \_\_\_\_\_

Send Records by: \_\_\_\_\_

Thank you,

Terrie Lemley, CNM \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

**By my signature I authorize the release of medical records to Gentle Harbor Midwifery.**

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