Better Birth.
It's what you're expecting.

SLOT
Records Request

Authorization For Disclosure of Confidential Information and Records Release

I hereby authorize and request Suzanne Smith, LDEM, CPM and the agents of BetterBirth, LLC to furnish information from or a copy of the records about my pregnancy and/or birth and my care regarding them to:

_____
Provider Name

_____
Provider Street Address

_____
Provider City, State, Zip Code

_____
Provider Phone (voice)

_____
Provider Phone (fax)

I understand that this is a required consent and I must voluntarily and knowingly sign this authorization before any records my be released, and that I may refuse to sign, but in that event the records will not be released.

I further release Suzanne Smith, CPM and BetterBirth, LLC from any liability arising from the release of information to the individual(s)/agency designated herein.

I agree that a photocopy or fax of this form may be used in lieu of the original.

_____ _____
Client Signature Witness Signature

Client Name: _____ **Date:** _____

Address: _____

_____

Birth Date: _____

Phone: _____