

**Sarpy County OBGYN  
1413 S. Washington St. Suite 270  
Papillion, NE 68046  
Phone # 402-898-8500  
Fax # 402-898-8510**

I hereby give the above named clinic and its entities permission to release protected health information regarding my health care for continuation of care.

Information may be released to the following entities:

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

—  
Address: \_\_\_\_\_

—  
Phone: \_\_\_\_\_

—  
Name: \_\_\_\_\_

—  
Address: \_\_\_\_\_

—  
Phone: \_\_\_\_\_

—  
Name: \_\_\_\_\_

—  
Address: \_\_\_\_\_

—  
Phone: \_\_\_\_\_

—

I understand this authorization may be revoked in writing at any time except to the extent that action has been taken in reliance on the authorization. Unless otherwise revoked, this authorization will expire 1 year from the date of signature.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_