

## Authorization to Release Healthcare Information

New River Women's Health  
Dr. Sanam Campbell  
3708 S. Main St. Ste. D Blacksburg, VA 24060  
Phone: (540)605-7566 Fax: (540)605-7569

1. Patient Name:

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2. Previous Name:

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3. Date of Birth:

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4. I request and authorize the release of healthcare information to New River Women's Health, Dr. Sanam Campbell. I request and authorize my healthcare information to be released from:

Facility Name:

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Provider Name:

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Phone Number:

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Fax Number: ***Please note—Fax is required or this form cannot be processed.***

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5. This request applies to:

- ☐ All records
- ☐ Specific records

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Signature

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Date