

Rainbow Of Love Adoption Agency, Inc.
2700 Lake Olympia Parkway, Missouri City, Texas 77459
Release of Information
Off: (281) 438-6588 Fax: (281) 438-6589

Please Fill out and return to ROLAA.

I (Name) _____
Of (Address) _____

Hereby authorize and request Rainbow of Love Adoption Agency, Inc.

At (Address) **2700 Lake Olympia Parkway, Missouri City Texas 77459**

To **obtain** the following information:

Medical records concerning pregnancy, prenatal care and baby

From (Name of Medical Facility/Hospital) _____

Of (Address) _____

This consent expires on _____ or does not exceed 180 days from signature date or birth of the baby. Consent may be withdrawn at any time by providing written notification to ROLAA.

I have read the above or had it read to me and I authorize the disclosure of the Protected Health Information as stated. I hereby release the Medical Facility designated above from any and all legal liabilities that arise from the release of this information to the party named above. The information I am requesting may be sent via US Mail or Electronic Fax.

Signature of Patient

Signature of Patient's Representative

Date

For office use only:

Release received by ROLAA and forwarded on: _____

Date copy of release provided to person giving consent: _____

Release received by Administrator on: _____

Forwarded requested documents to above entity on: _____