



**ART FERTILITY PROGRAM OF ALABAMA**

**Kathryn L. Honea, M.D.  
Virginia L. Houserman, M.D.  
Cecil A. Long, M.D.  
M. Chris Allemand, M.D.**

**RELEASE OF RESULTS - FEMALE**

I, \_\_\_\_\_, DOB \_\_\_\_\_, the undersigned patient, authorize Honea, Houserman and Long, P.C., and/or any of the employees or staff of Honea, Houserman and Long, P.C., to release laboratory test results and procedure results and to share treatment plans with my partner, \_\_\_\_\_, DOB \_\_\_\_\_, or \_\_\_\_\_, DOB \_\_\_\_\_ (i.e., mother, sister, etc.). Hepatitis and HIV screening results are excluded from this release. The consent for release of Hepatitis and HIV results is a separate consent.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date



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### RELEASE OF RESULTS - MALE

I, \_\_\_\_\_, DOB \_\_\_\_\_, the undersigned patient, authorize Honea, Houserman and Long, P.C., and/or any of the employees or staff of Honea, Houserman and Long, P.C., to release laboratory test results and procedure results and to share treatment plans with my partner, \_\_\_\_\_, DOB \_\_\_\_\_, or \_\_\_\_\_, DOB \_\_\_\_\_ (i.e., mother, sister, etc.). Hepatitis and HIV screening results are excluded from this release. The consent for release of Hepatitis and HIV results is a separate consent.

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