



Joseph Cipriano, M.D. FACOG
Rebecca Cipriano, M.D. FACOG
Susan Pacana, M.D. FACOG
Gabrielle Pinzon, M.D.
Helen Simigiannis, M.D.
Neeti Misra, M.D.

www.healthywomanusa.com

Robert Baron, MBA
Executive Director



Stephanie Serrentino
Office Manager

Colts Neck
 24 Highway 34
 Suite D-2
 Colts Neck, NJ 07722
 Ph: (732) 431 - 1616
 Fax: (732) 866 - 7962



Freehold
 901 West Main Street
 Suite 105
 Freehold, NJ 07728
 Ph: (732) 303 - 0888
 Fax: (732) 303 - 0304



East Windsor
 300A Princeton Hightstown Rd
 Suite 202
 East Windsor, NJ 08520
 Ph: (609) 448 - 2886
 Fax: (732) 866 - 7962

Records Release Authority

Records to Healthy Woman Obstetrics and Gynecology family of practices

To Dr: _____

I, _____ hereby request that you release a complete copy of my medical records to:

Healthy Woman – Colts Neck
PO Box 240
24 Highway 34, Suite D-2
Colts Neck, NJ 07722
Ph: (732) 431 – 1616
Fax: (732) 866 – 7962

Healthy Woman – Freehold
Donna O'Donnell Med Arts Bldg.
901 West Main Street, Suite 105
Freehold, NJ 07728
Ph: (732) 303 - 0888
Fax: (732) 303 – 0304

Healthy Woman – East Windsor
PO Box 240
Colts Neck, NJ 07722
Ph: (609) 448 – 2886
Fax: (732) 866 – 7962

Date of Request ____ / ____ / ____ Patient Signature _____

Date ____ / ____ / ____ Witness Signature _____

Patient Address _____

City, State, Zip _____

This document is intended only for the use of the individual or entity it is addressed to and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If any document transmitted is viewed by anyone other than the intended recipient or authorized agent, you are hereby notified that any dissemination, distribution or copying of this communication or any document associated with it is strictly prohibited. If you have received this communication in error, please notify us immediately at the telephone number indicated herein and destroy all documents received.