



The Modern Woman OB/GYN



Privacy Policy and Consent

I, _____, designate the following person(s) listed below as a person(s) involved with my medical treatment and/or payment for my medical treatment.

1. Name _____ Relationship: _____ Phone number: _____
2. Name _____ Relationship: _____ Phone number: _____

NO ONE

I may revoke this authorization at any time, except to the extent where action has already been taken in accordance to the original authorization for disclosure. My revocation must be in writing, signed by me or on my behalf, and delivered to your office address. A copy of the authorization may be used with the same effectiveness as the original. This authorization replaces any prior written authorization I have made regarding the use, release, and disclosure of my medical information.

The Advocare staff can leave voice messages regarding appointments, results or other information?

- YES; you may leave messages about test results and other information on my voicemail.
- NO; please only leave messages regarding appointments. Do not leave personal health information such as test results.
- NO; please do not leave any messages on my voicemail.

In order to ensure you get the best possible care, some of your personal medical information may be shared with other providers who request access to your records. If there is specific confidential information that you do not want shared, please be sure to notify us. As long as this information is not critical to providing you with proper treatment, we will make every effort to ensure your privacy.

Patient Name: _____

Patient Signature: _____ Date: _____

Legal Representative (if other than patient) Print Name: _____

Legal Representative Signature: _____

Relationship to Patient: _____ Date: _____