

Compassionate Care for Women

CONSENT TO DISCUSS PATIENT INFORMATION

Patient: _____ DOB: _____

SS#: _____

It is against Federal Law to discuss patient information without express written consent of the patient. If you would like to discuss your medical care with someone other than yourself, please list the names of the individuals below.

Please be aware that you may delete or add names to this list at any time with written notification to this office.

Persons on the list must be able to verify your date of birth and last 4 of SS# as added security.

Name of Person

Relationship

1. _____

2. _____

3. _____

Patient's Signature

Date