

Medical Information Release

Dear Patient:

The Privacy Act of 1977 was designed to protect your privacy and health information. We can assure you that when you come to Gynecology Specialists your medical and financial information will not be discussed with anyone without your written permission. This includes spouse, family and insurance companies.

If there are persons you feel may need to contact or come to the office for information at any time you will need to give permission below. Without this nothing will be given out.

Thank you.

I, _____ give permission to Gynecology Specialists
to release medical information to _____
(printed name) *(relationship)*

I, _____ give permission to Gynecology Specialists
to release medical information to _____
(printed name) *(relationship)*

Signed: _____ Date: _____

Witnessed: _____ Date: _____