



Account # _____

Request for Confidential Communication of Protected Health Information

Patient Information:

Legal Name: _____ Preferred Name: _____ DOB: _____

Mailing Address: _____

City/State/Zip: _____

Race	Ethnicity
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/> Other	<input type="checkbox"/> Declined
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Declined	

SSN: _____ Primary Number

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Billing Information (if different than above):

Name: _____ Relationship to Patient: _____

Mailing Address: _____

City/State/Zip: _____

If we are contacted by someone that you know personally (example: parent, spouse, friend), may we release information to them? (Please select only one option)

- No, I prefer no information is released.
- Yes, information can be given to the alternate contact below:

Name: _____

Relationship: _____ Phone: _____

Information to be released to alternate contact (please check any that apply):

- Medical information (including but not limited to information about STDS, pregnancy, and birth control)
- Appointment dates/times
- Financial information about my account
- Other (please specify): _____

Emergency Contact (Please select only one option):

- Please use the alternate contact person above as my emergency contact.
- The following person may be contacted in case of an emergency:

Name: _____

Relationship to Patient: _____ Phone: _____

I understand this authorization will remain in effect until I revoke or change it. I may do this at any time by contacting OB GYN Associates in writing.

Patient Signature: _____ Date: _____

Office use only:

- ____ Employee Initials
- PBM Consent
 - Photo
 - Changes updated in GW
 - Portal Invite
 - Copy Flag