



Women's OB/Gyn Center
 5119 Fairmont Parkway • Pasadena, TX 77505

Tel (281) 991-7603 • Fax (281) 991-7675

Patient Confidentiality Statement

Patients of Women's OB/Gyn Center have the right of patient confidentiality on all medical information and laboratory results. All information shall be held in confidential and shall not be disclosed to any person, except upon the expressed consent of the patient or by the guidelines of his/her medical insurance. All biopsy reports, and laboratory results will only be given to the PATIENT unless otherwise noted below. If the patient is a minor, all information will be explained to the parents or legal guardian.

Patient Name

The following individuals are authorized to access my medical information:

| | |
|----------------|------------------|
| SPOUSE _____ | Birth Date _____ |
| SON _____ | Birth Date _____ |
| DAUGHTER _____ | Birth Date _____ |
| OTHER _____ | Birth Date _____ |

CAN WE MAIL CORRESPONDENCE TO YOUR HOME? YES ___ NO ___
CAN WE LEAVE A MESSAGE ON YOUR HOME RECORDER? YES ___ NO ___

Acknowledgment of Receipt of Notice of Privacy Act

I, _____ have received the Notice of Privacy Practices from Women's OB/Gyn Center.

 Signature _____ Date _____

In lieu of patient signature, I, _____, a staff member of Women's OB/Gyn Center, state that _____ has been given our current copy of Notice of Privacy Practices.

 Signature _____ Date _____