Khan Obstetrics & Gynecology Associates, P.A.

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Dover, DE 19901
Phone: (302) 735-8720
Fax: (302 735-8724

AUTHORIZATION TO DISCUSS

Please list family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations:

Name ____ Phone Number ___________________________

Name ____ Phone Number ___________________________

Name ____ Phone Number ___________________________

- Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home address.

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- Please print the telephone number where you want to receive calls about your appointments, lab and other x-ray results, or other health care information if other than your home phone number:________________________ *

  ***I am fully aware that a cell phone is not a secure and private line**

- Can confidential messages (i.e. appointment reminders) be left at your residence or place of employment with either a person or on your telephone answering machine or voicemail?

  Yes _______ No _______

- I have been informed of the HIPPA confidentiality statement location. _______ (Initials)

____
PRINT PATIENT'S NAME

____ ____________________
PATIENT'S SIGNATURE DATE