



Use & Disclosure Form

MRN#: _____

Date: _____

*** Use and Disclosure Form MUST be filled in and signed by only the patient(12 years and older). If a patient is 12 years or older this form MAY NOT be filled out by a parent or legal guardian. Please understand that this is required to protect the legal rights and privacy of patients***

(Patient Last Name) (Patient First Name) (M.I.) Patient Date of Birth

My primary contact number is: _____ **Home Mobile Work**

Confidential messages may be left on: **Home Phone Mobile Phone Work Phone**

List any additional numbers: _____

List name and contact number of any person, whom we may inform about your general medical condition, diagnosis, appointment information, and billing statement:

_____ (Name)	_____ (Relationship to Patient)	_____ (Contact Number)
_____ (Name)	_____ (Relationship to Patient)	_____ (Contact Number)
_____ (Name)	_____ (Relationship to Patient)	_____ (Contact Number)
_____ (Name)	_____ (Relationship to Patient)	_____ (Contact Number)

I have read or been offered a copy of the **Dedicated to Women Privacy Notice**. Additional copies may be found in our offices, on our website, dedicatedtowomenobgyn.com, or you may call our office and ask a staff member for a copy.

(Patient Signature) (Date)