Women First OB / GYN P.C.

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RELEASE FORM

As a patient of **Women First** your privacy is very important to us. There may be times, however, when you are not personally available to speak with an office representative. In these cases, we will need instruction on whom to contact and/or where it is acceptable to leave any personal information, such as results of blood work, pap smears, biopsies, or any other office procedures that were performed.

Please realize that all blood and culture results take **one week.** Pap results and biopsies take **two weeks.** We do our best to get pregnancy test results by the next day (usually in after 3 p.m. the following business day). There is an extra lab charge for any stat orders. You are welcome to go directly to a lab center for all of your blood draws, if you prefer.

Please indicate below whether you wish to have **normal** results left on an answering machine or voicemail?

❑No ❑Yes Phone Number:_____

Please indicate whether this is:

- ❑ Home Phone Number
- ❑ Work Phone Number
- ❑ Personal Cell Phone Number
- ❑ Work Cell Phone Number
- ❑ Designated Individual's Phone Number: _____
  (Name and/or Relationship to Patient)

Do you also consent to leave a detailed message at the above number for **abnormal values?** ❑No ❑Yes

In the event an answering machine is not available, please provide the name(s) of any person(s) with whom we are permitted to leave results. A password only known to you and this designated individual, as well as to our office will need to be created for the release of your information.

Please list the name, relationship, and password for these individuals:

_____ _____ _____
Name (Please Print) Relationship Password

_____ _____ _____
Name (Please Print) Relationshi Password

Patient Name (please print)_____

Patient Date of Birth _____

Patient Signature: _____ Date: _____

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