

Gwinnett OB/Gyn Associates, P.C.
1700 Tree Lane Road
Suite 290
Snellville, GA 30078

PATIENT'S CONFIDENTIALITY INSTRUCTIONS

Patient Name _____ Acct# _____

It is important for us to honor the confidentiality between patient and physician.
PLEASE CHECK YOUR PREFERENCE BELOW.

_____ You may discuss my medical information **ONLY** with me.

_____ I give my permission to discuss my medical information with the following people:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

YES or **NO** You may leave medical information (test results) on my voice mail at:
(circle one)

Cell # _____

Home # _____

Signed _____ Date _____