

PRIVACY STATEMENT

Dear Patient:

The Privacy Act of 1977 was designed to protect your privacy. It is to give you the feeling of security of knowing that when you come into this office your medical and financial affairs will not be discussed with anyone without your permission. This includes your spouse and family members.

It is a felony for staff to give out this information without your written consent.

Thank you for your cooperation in this matter.

I, _____, give permission for the staff of Atlantic Obstetrics & Gynecology to release medical/financial information to _____ who is my _____.

I, _____, give permission for the staff of Atlantic Obstetrics & Gynecology to release medical/financial information to _____ who is my _____.

I, _____, give permission for the staff of Atlantic Obstetrics & Gynecology to release medical/financial information to _____ who is my _____.

I, _____, give permission for the staff of Atlantic Obstetrics & Gynecology to release medical/financial information to _____ who is my _____.

Signature: _____ Date: _____

Witness: _____ Date: _____