

**DISCLOSURE OF TEST RESULTS**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Patient confidentiality is of the utmost importance. We prefer to give test results or other information directly to the patient. However, occasionally we have been asked to release information to another individual.

**PLEASE CHOOSE FROM THE FOLLOWING OPTIONS:**

\_\_\_\_\_ I want my test results/healthcare information reported only directly to me.

**OR**

\_\_\_\_\_ Novas, Dohr & Coll, OB/GYN Associates, S.C. has my permission to speak to any of the individuals listed below:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>TELEPHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Can we leave information on your answering machine? \_\_\_\_ YES \_\_\_\_ NO

May we call you at work? \_\_\_\_ YES \_\_\_\_ NO

May we call you on your cell? \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date