



Dr. Katherine Boyd - Aquia Ward, RN, WHNP-BC

Alternative Contacts Form

We at A Woman's View Women's Healthcare take your medical confidentiality very seriously. We will not and cannot release information without your written authorization.

This authorization allows our staff members to speak only with and individual(s) you designate in the event you are not available to receive phone calls or you have an adult member that helps coordinate your medical care. You should not designate your doctor.

As a part of our Patient Privacy Policy, we will not leave any health information with any other person unless you specifically authorize below:

___ **I do not authorize** anyone to receive information regarding my medical care.

___ **I authorize** my physician and the employees of this clinic to speak with:

1. Person: _____ Relationship: _____

Phone Number(s): _____

*Appointments *Account/Bill *Lab Results *Test Results *Medical Care

2. Person: _____ Relationship: _____

Phone Number(s): _____

*Appointments *Account/Bill *Lab Results *Test Results *Medical Care

3. Person: _____ Relationship: _____

Phone Number(s): _____

*Appointments *Account/Bill *Lab Results *Test Results *Medical Care

This authorization will remain in effect unless changed by me while I am a patient at this office. It is my responsibility to notify this office of changes and to complete a new form.

I agree that should I desire to revoke this authorization, I will give written notice.

Patient Signature X _____ Date _____