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(301) 468-0073

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Suite #330
Laurel, Maryland 20707
(301) 206-2313

Preferred Methods of Contacting the Patient

Patient Name (Please Print) _____ Date _____

Please provide us with your preferred mailing location for any communications:

Street Address _____

City, State, Zip Code _____

Please provide our office with your preferred means of telephone number(s) to be used when trying to contact you:

(_____) _____ (Primary)

(_____) _____ (Secondary)

Please provide our office with your preferred means of appointment confirmation (select one).Please note, the confirmations are performed via an automated attendant and messages will be left on your preferred available answering machine or voice mail:

(_____) _____ (Home Phone) _____ Yes _____ No

(_____) _____ (Cell Phone) _____ Yes _____ No

_____ (Email) _____ Yes _____ No

In order for us to further protect your medical information when you are calling our office for your results, further medical advice and/or when your upcoming appointments are scheduled, we ask that you provide our office with a password as a means of verification that we are speaking with you.

Password for telephonic communication _____

I request and authorize Contemporary OB/GYN Associates, LLC to release the following information regarding myself to the following designated individual(s). I understand that this release and authorization can be revoked by me at any time whether the request is provided in writing or verbally. I understand that this release will expire one year from the date of my signature or as otherwise specified by date or event:

Printed Individual's Name	Expiration Date / Event	Information to be Released

This authorization does not permit the release the patient's HIV status, STD results and/or psychological treatment.

Patient Signature _____