

**RESTRICTIONS & RELEASE OF
PERSONAL HEALTHCARE INFORMATION**

Georgetown OB/GYN, LLP
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Georgetown, TX 78626
(512) 863-8600

Please list anyone that *is allowed* to be present during you exam and/or medical treatment.

Please list any person/s that *we may discuss* your medical treatment or condition.

Please list any person/s that we are *not to discuss* your medical treatment or condition.

We will need to contact you from time to time regarding appointments and/or your care. The information may be confidential. Please check the method of contact allowed by you.

Home Telephone

Cell Phone

Work Telephone

Fax Machine

Leave Message

Mail: Home Address

I understand all precautions will be taken to protect my privacy. I will notify this office in writing of any changes to this document.

Printed Patient Name

Date

Patient Signature

Patient Representative / Relationship