

Airport-Playa Women's Medical Group.  
8540 S Sepulveda Blvd Ste.1002  
Los Angeles, CA 90045

## PATIENT'S CONFIDENTIALITY INSTRUCTIONS

Patient Name \_\_\_\_\_

It is important for us to honor the confidentiality between patient and physician.

PLEASE CHECK YOUR PREFERENCE BELOW.

\_\_\_\_\_ You may discuss my medical information **ONLY** with me.

\_\_\_\_\_ I give my permission to discuss my medical information with the following people:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**YES** or **NO** You may leave medical information ( test results) on my voice mail at:  
(circle one)

Cell # \_\_\_\_\_

Home # \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_