



OB&GYN

CENTER

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Communication Authorization

I, _____, give OB&GYN Center permission to discuss the following:

- Diagnostic, prognosis, and/or treatment information
- Test results
- Scheduling information
- Billing information
- Other (please specify): _____

With the following people:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

I also authorize OB&GYN Center to:

- Leave messages on my home answering machine
- Leave messages on my cell phone: _____
- Leave messages on my work answering machine/voice mail
- Leave messages with my family members or others residing in my household

Signature: _____ Date: _____

Note: This form must be filled out completely in order for OB&GYN Center to ensure the privacy and confidentiality of our patients' protected health information.

This authorization does not have an expiration date.