

Lake Obstetrics and Gynecology, Inc.

Dr. Patrick Quinn • Dr. Rosemary Brownlee • Dr. Jennifer Velotta
Dr. Alison Stalzer • Dr. Kristen Eichorn • Dr. Rachel Weaver

9500 Mentor Avenue #220
Mentor, OH 44060
(440) 357-7100
Fax: (440) 357-8132

7580 Auburn Road #313
Concord, OH 44077
(440) 352-0688
Fax: (440) 352-3724

www.lakeobgyn.net

CONSENT TO DISCLOSE MEDICAL INFORMATION

I, _____, give permission to the doctors and the
(print name)
staff of Lake Obstetrics and Gynecology to disclose any of my medical information to the following person/people. This includes, but may not be limited to, information about my care, condition, test results, and appointment times. This permission will stay in effect until I revoke it in writing.

YES NO You may leave a message for me with the following person/people:

Name/Relationship	Phone Number
_____	_____
_____	_____
_____	_____

YES NO You may leave a detailed message on my answering machine or cell phone _____ *(your initials)*

(signature) _____
(date)