

WOMEN'S HEALTH TODAY



Adult & Adolescent Gynecology, Obstetrics, Fertility, Midwifery & Lactation Consultation

Maxine E. Bauer, M.D.
Physician & Surgeon

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Physician & Surgeon

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Physician & Surgeon

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Family Nurse Practitioner

Karen C. Parker Linn, C.N.M.
Certified Nurse Midwife

Personal Health Information (PHI) Consent Form

I choose not to have any of my PHI discussed with anyone other than myself.

-- OR --

I, _____, authorize
(please print patient name)

1. _____ relationship _____

2. _____ relationship _____

3. _____ relationship _____

4. _____ relationship _____

To discuss with Women's Health Today, PC providers and/or staff, my personal health information (PHI) consisting of:

- Billing / Insurance concerns only
- Pregnancy only
- Appointments / scheduling only
- All health information
- All of the above

Please list below any limitations. If there are no limitations, it will be left blank.

Limitations, if any: _____

Patient Signature: _____ Date: _____

This authorization is to expire: _____

Date of expiration