Lifeline Medical Associates
Transforming Women's Healthcare
www.LMA-LLC.com

North Dover OB/GYN Associates
John Sutherland, MD

Marie Bonvicino, MD
Wilhelmina Azu, DO
Samuel S. Fekry, MD
Aliona Maxwell, MD
Jamie B. Larson, APN

North Dover Ob-Gyn Associates

Patient's Confidentiality Instructions

Patient Name: _____ **Date of Birth:** _____
(Please Print)

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.

OR

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

_____ **Relationship** _____

_____ **Relationship** _____

YES or NO (circle one): You may leave medical information (for example: test results) on my voicemail.

Cell #: _____

Home #: _____

I have received a copy of Lifeline Medical Associates, LLC's Notice of Privacy Practices.

Signed: _____ **Date:** _____

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