



123 Franklin Corner Rd.
Suite 214
Lawrenceville, NJ 08648
P: 609-896-1400
F: 609-896-3986

1401 Whitehorse-Mercerville Rd.
Suite 212
Hamilton, NJ 08619
P: 609-890-2412
F: 609-890-2456

909 Floral Vale Blvd.
Yardley, PA 19067
P: 215-504-9090
F: 215-504-9465

At Lawrence Ob-Gyn we understand that communication is an important part of the patient/health care provider relationship. To ensure that we get important information to our patients in a timely manner, we often leave messages on voice mail, answering machines or with family members. In some cases, we may need to leave messages on voicemail or answering machines with detailed information regarding your condition or treatment. You should be aware that other individuals who have access to your voice mail or answering machine may hear these messages. At home, this may mean that members of your family may hear these messages. At work, it may mean that your employer may hear these messages.

Please let us know on what numbers we may leave detailed or brief messages.

	Home	<input type="checkbox"/> Detailed	<input type="checkbox"/> Brief
	Cell	<input type="checkbox"/> Detailed	<input type="checkbox"/> Brief
	Work	<input type="checkbox"/> Detailed	<input type="checkbox"/> Brief

You may also designate two people with whom we may discuss your condition and treatment.

Name	Relationship	Last 4 of SS# or DOB Required	Phone Required
Name	Relationship	Last 4 of SS# or DOB Required	Phone Required

Emergency Contact:

Name	Relationship	Last 4 of SS# or DOB Required	Phone Required

Your e-mail address: _____

By signing below, I acknowledge that I have read and understand the Privacy Practices for Lawrence OB-GYN. I understand that Lawrence OB-GYN will not share my name or private information with any outside companies. I am aware that my information may be shared with my insurance company in order to have claims processed.

Patient Name

Date of Birth

Patient Signature

Today's Date