



Corridor OB GYN
2769 Heartland Drive, Suite 201
Coralville, IA 52241

Account # \_\_\_\_\_

Request for Confidential Communication of Protected Health Information

Patient Information:

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Form with Race and Ethnicity checkboxes: White, Asian, Other, Black/African American, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Declined, Hispanic/Latino, Not Hispanic/Latino, Declined.

SSN: \_\_\_\_\_ Primary Number

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Financially Responsible/Statement Recipient: (if minor, must list parent/guardian)

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If we are contacted by someone that you know personally (example: parent, spouse, friend), may we release information to them? (Please select only one option.) If minor, must include parent/guardian for financial information.

- No, I prefer no information is released.
Yes, information can be given to the contact below:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Information to be released to alternate contact (please check any that apply):

- Medical information (including but not limited to information about STDS, pregnancy, and birth control)
Appointment dates/times
Financial information about my account
Other (please specify): \_\_\_\_\_

Emergency Contact (Please select only one option):

- Please use the contact person I provided above as my emergency contact.
The following person may be contacted in case of an emergency:

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand this authorization will remain in effect until I revoke or change it. I may do this at any time by contacting Corridor OB GYN in writing.

Office use only:

- Employee Initials
PBM Consent
Photo
Changes updated in GW
Portal Invite
Copy Flag