

Bala Women's Health

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Obstetrics & Gynecology

25 Bala Avenue
Suite 205
Bala Cynwyd, PA 19004

HIPAA

_____ (Print patient name)

I hereby give the physicians of Bala Women's Health to discuss my medical information with the following person(s). This permission is to remain in effect until written notification is given, rescinding said permission.

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

I hereby give permission to Bala Women's Health and its Agents to leave a message on my/our answering machine to confirm appointments. YES NO

I hereby give permission to Bala Women's Health and its Agents to confirm appointments via text messaging to my cell phone. YES NO

I hereby give permission to Bala Women's Health to leave a message on my/our answering machine regarding test and lab results. YES NO

I understand that a request for records require a signed Record Release form. A cost is associated with this in compliance with state and Federal copying laws. Turnaround time is 14 days.

I understand that all forms (school, camp, etc.) require a fee per patient form. Fees are posted. Turnaround time is 10 days.

Signature: _____ Date: _____ Time: _____