

**GENESIS OB/GYN, INC.**

I, \_\_\_\_\_, give my consent to Genesis Ob/Gyn, Inc., to share information regarding my healthcare with the following people:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

I, \_\_\_\_\_, do not consent to Genesis Ob/Gyn, Inc., to share information regarding my healthcare with anyone other than myself.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient