

**Mid-City OB-GYN, P.C.**  
7205 West Center Road, Suite 200  
Omaha, Nebraska 68124

**Confidentiality Guidelines**

In compliance with strict confidentiality guidelines, we are asking that you list anyone that we may discuss your medical information with, or to whom test results may be released.

If at any time this information changes, you must request a new form from the receptionist.

Permission to release results to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

Please release results only to patient.

_____ Signature	_____ Date