



118 Fairview Drive, Suite 100, Franklin, VA 23851 • Phone (757) 562-4156 • Fax (757) 562-7989

Authorization for Account Access (HIPAA)

Patient Name: _____

Please list any person that you authorize OB GYN PHYSICIANS to speak with regarding your bill/statement, any account information, insurance information, appointment dates, and/or medical information.

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Signature: _____

Date: _____