Lifeline Medical Associates
Transforming Women's Healthcare

BELLE WANG, M.D., D.A.B.O.G., F.A.C.O.G.
CHRISTINA WARNER, MSN, WHNP-BC
INNA DRUKER, MSN, CNM, WHNP-BC

OB/GYN ASSOCIATES OF BERGEN COUNTY, P.A.
An Affiliate of Lifeline Medical Associates, LLC
680 KINDERKAMACK ROAD, SUITE 204
ORADELL, NEW JERSEY 07649
TELEPHONE: (201) 391-5443
FAX: (201) 391-8019

Due to HIPAA regulations, without your written consent, it is unlawful for us to discuss your medical information with **anyone** (i.e. spouse, parent, child etc.) other than yourself. **If** there is someone you wish us to have permission to discuss your personal medical information with, please complete the form below.

DOB: _____

Patient Name: _____

Please be advised on this date I am giving my consent to release, discuss, or disclose information pertaining to my medical care to the following individual(s):

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

I am aware that should this no longer be the case that I will notify OBGYN Associates in writing.

X_____ Date: _____
Signature of Patient