



**CONCORD OB/GYN**

*The exceptional care you deserve*

Jamie L. Bond, M.D.

**COMMUNICATION CONSENT**

Shikha Goel, D.O.

Richard D. Rubin, M.D.

Date \_\_\_\_\_

Christina T. Thomas, M.D.

Vlassis Travias, M.D.

I, \_\_\_\_\_, DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ authorize

Kimberly Capello, W.H.N.P.

Concord OB/GYN clinicians and staff to speak with and/or release

Joanna Couvillon, C.N.M.

information about my medical care to the following contact of my choice. I

Rachel Ward, F.N.P.

understand that I may revoke this consent at any time.

Holly West, F.N.P.

\_\_\_\_\_  
Contact Name – PRINTED

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Relationship to Patient

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

\_\_\_\_\_  
Date