



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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Kimberly Capello, C.N.P., C.N.M.

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

Joanna Couvillon, C.N.M.

release information about my medical care to the following contact of

Holly West, C.N.P.

my choice. I understand that I may revoke this consent at any time.

Brittany Sole Diaz, C.N.M.

Alexandra Sasha Weigel, C.N.M.

\_\_\_\_\_  
Contact Name – PRINTED

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

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

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

\_\_\_\_\_  
Date