



Covington Women's Health Specialists, LLC Obstetrics & Gynecology

p: 770.385.8954 fax: 770.385.8590
4181 Hospital Drive, Suite 104, 100, Covington, Georgia 30014

Cathy T. Larrimore, MD, FACOG

Jessie L. Bender, DO, FACOG

Sherley C. Samuels, MD

Michelle D. White, MD

Brenda J. Barlowe, CNM, MSN

Denise Cochran, CNM, MSN

Barbara L. Susin, CNM, MSN, MPH

Kerry G. Dewberry, WHNP

Consent To Release Information

The HIPAA Privacy act prevents us from disclosing information about you to others. Therefore, if you would like us to share any information with others (including family members) regarding your information please enter the required information and sign the form below. Unless this is signed, we cannot give information to anyone, including acknowledging that you are a patient.

I, _____ give permission to Covington Women's Health Specialists, LLC to release and share information regarding my health status to the following person/people:

1. _____ relationship _____
2. _____ relationship _____
3. _____ relationship _____

This consent covers all aspects of medical care.

Agreed to this _____ day of _____, _____
(month) (year)

Patient's Signature

Date of Birth

Print Name

Date

Witness