

133 Falmouth Rd. 2A Mashpee, MA 02649 PH: 508-681-5081 / Fax: 877-669-1746

Permission to Share Medical Information

Falmouth Women's Health P.C. has my permission to share my medical information in its entirety with:

Name	Relationship	
Name	Relationship	
Name	Relationship	
Name	Relationship	
This will remain in effect until fu	Irther notice that I provide in writing.	
Patient Name	Patient Date of Birth	
Patient Signature	Date	
In accordance with HIPAA, Falm	outh Women's Health will not share your medical information	on without

your express written consent.