Lucile Salter Packard Children's Hospital

Stanford MEDICINE
Fertility and Reproductive Health

Permission to Discuss Private Health Information

Staff, place sticker here

I, _____ give permission to the Stanford Medicine REI clinic to discuss my Private Health Information (including information on test results, billing/financial information, pregnancy, fertility, mental health, sexually transmitted infections, drug and alcohol use, and physical and/or sexual abuse) to the following people. I understand that I can change and/or revoke this permission at any time.

Printed name	DOB	Relation to Patient
Printed name	DOB	Relation to Patient

Patient signature	Date	Time