

The Women's Medical Clinic
Dr. Lynn Rudman
504 W. Pueblo St. #303
Santa Barbara, CA 93105

Please initial appropriate box(s) that apply to you, and sign the bottom. you may make changes to this at any time. PLEASE SIGN AT BOTTOM.

- You may **not** give any medical information to anyone.
- You have my permission to give my spouse any medical information until further notice.
- You have my permission to give any medical information to the following person(s): _____

If the following does not apply, skip to the bottom.

The following applies to patients who are ages 15-21 years old

- You have my permission to give my test results to my parents.
- You have my permission to discuss my medical care with my parents.
- You have my permission to discuss with my parents any medicines that were prescribed to me by my doctor.

Patient's Name (Print)

Date of Birth

Signature

Date