



Mercy Clinic Women's Health

O'FALLON:

300 Winding Woods Dr. | Suite 200
O'Fallon, MO 63366
636-240-0130 | Fax: 636-240-6822

CLAYTON/CLARKSON:

15945 Clayton Rd. | Suite 305
Ballwin, MO 63011
636-256-5090 | Fax: 636-256-5370

Permission to Discuss Medical Condition with Family Members

I, _____, give permission for you to discuss my medical condition with my family members specified below.

Please list the name(s) below:

Spouse/Partner: _____

Parent(s): _____

Children: _____

Other parties (Please specify): _____

I do not want my medical condition discussed with anyone other than myself. Yes No

I give permission for you to leave a message on my answering machine at home. Yes No

I give permission to leave a message on my answering machine at work. Yes No

Signature: _____

Print Name: _____