



**Women's
Cancer
Center
of Nevada**

*Gynecologic Oncology,
Minimally Invasive &
Reconstructive
Pelvic Surgery*

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CONSENT TO DISCUSS PATIENT INFORMATION

PATIENT: _____

DOB: _____

It is against Federal Law to discuss patient information without express written consent of the patient. If you would like this office to be able to discuss your medical care with someone other than yourself, please list the names of the individuals below. Please be aware that you may add or delete names to this list at any time with written notification to this office.

Persons on this list **must** be able to verify your date of birth as added security.

Name of Person	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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