Jill E. Gibson, M.D.
106 Highland Park Plaza
Covington, La 70433
Telephone: (985) 898-5990 Fax: (985) 590-3719

Date_____

I (name and date of birth), _____, am a patient of Jill Gibson MD, LLC and would like to give the office permission to speak with

(name and relationship) _____.

The named individual(s) may be given the following information:

_____

except for information regarding reproductive health as dictated by Louisiana Law. If at any time I change my mind about this matter I will then submit something in writing or update this consent with someone in the office.

Signed_____

Witness_____

Date_____