South Baldwin Obstetrics
&
Gynecology, P.C.

I acknowledge by signing below that I have received the Notice of Privacy Practices and Notice of Individual Rights of South Baldwin Obstetrics & Gynecology, P.C.

____ ____________
Patient or Patient's Personal Representative **Date**

I give permission for my medical information to be disclosed to the following individuals:

______________________________ Relationship_______________Date__________

______________________________ Relationship_______________Date__________

______________________________ Relationship_______________Date__________

______________________________ Relationship_______________Date__________

Dennis W. McNally, D.O.
Esther L. Wilson, R.N., M.S.N., C.N.M.

1620 North McKenzie Street
Foley, AL 36535
251-943-2141