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Semen Analysis Communication Consent

I authorize Obstetrics, Gynecology & Infertility to communicate the results of my semen analysis to my wife (partner) _____.

Her phone number is _____

I do NOT authorize Obstetrics, Gynecology & Infertility to communicate the results of my semen analysis to my wife (partner). Please call me directly at _____.

If you are unable to answer the call, we'd like to leave a message on your voicemail to facilitate the communication of your tests results (at the number indicated above). We are unable to do so without your authorization.

Yes, I authorize *Obstetrics, Gynecology & Infertility* to leave confidential semen results at the number listed above if the physicians or nurse practitioners are unable to reach me directly. I understand that I can call back with questions anytime.

No, I do not authorize *Obstetrics, Gynecology & Infertility* to leave confidential semen analysis results on my voicemail.

Patient Signature

Date

Print Name

Date of Birth