



CAPITAL
WOMEN'S
CARE

Jessica Berger- Weiss, MD., F.A.C.O.G.
Adrienne Potts, MD., F.A.C.O.G.
Courtney Levenson, MD., F.A.C.O.G.
Ashley Artis, MD., F.A.C.O.G.
Heather Brillhart, MD., F.A.C.O.G.
Gayle Skinner, MD., F.A.C.O.G.
Ashleigh Bouchelion, MD., PHD
Allison Ladner, CNM, WHNP-BC-IBCLC
Emily Fredrickson, APRN, WH-BC

CONSENT

SECTION IV: CONSENT TO PARTICIPATE IN ELECTRONIC PATIENT CHART SHARING

By signing below, you consent to us making available your health information electronically to other healthcare providers outside of our facility who are involved with your care.

- YES, I agree to participate in HIE.
- NO, I do not agree to participate in Patient Chart Sharing.

Patient name: _____ DOB: _____

Patient's Signature: _____ Date: _____

SECTION V: CONSENT TO PARTICIPATE IN THE REGIONAL HEALTH INFORMATION EXCHANGE

By signing below, you consent to participation in the Maryland Regional Health Information Exchange (CRISP). You may opt out of this participation ONLY by either by completing and mailing the "Patient Op Out Form", by visiting website or calling. You may obtain op out form and information from our receptionist. You cannot opt out by notifying our office only.

- YES, I agree to participate in HIE.
- NO, I do not agree to participate in HIE and request information to allow me to opt out.

Patient name: _____ DOB: _____

Patient's Signature: _____ Date: _____

Specializing in Obstetrics & Gynecology

10801 Lockwood Drive, Suite 320
Silver Spring, MD 20901
P: 301-681-3400 F: 301-681-7982

19851 Observation Drive, Suite 345
Germantown, MD 20876
P: 301-681-3400 Fax: 240-912-7216

www.obgyncwc.com