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Eden Hill Medical Center: Phone 302.674.1390
200 Banning Street, Suite 240 - Dover, DE 19904
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Wilmington: Phone 302.478.8000
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George Kovalevsky, MD
Medical Director, Academic Affairs

I understand and have received HIPAA policies and procedures.

I,______________________________will allow Reproductive Associates of Delaware to leave a message concerning medical/billing information about myself at the following numbers at time of registration with Reproductive Associates of Delaware.

- ☐ Home phone ______________________________
- ☐ Work phone ______________________________
- ☐ Cell phone ______________________________
- ☐ Partner's work phone ______________________________
- ☐ Partner's cell phone ______________________________
- ☐ Work e-mail address ______________________________
- ☐ Home e-mail address ______________________________

I will also allow Reproductive Associates of Delaware to speak with the following persons regarding my medical/billing information

Name: ______________________________ DOB: _______________

Name ______________________________ DOB: _______________

Name: ______________________________ DOB: _______________

Patient Signature: ______________________________ Date: _______________