



CONSENT FORMS

HILLSBORO WOMEN’S CLINIC OFFERS ALL PATIENTS THE OPTION TO HAVE ANOTHER FEMALE PRESENT DURING BREAST AND/OR PELVIC EXAMS. PLEASE INDICATE YOUR PREFERENCE BELOW.

- I would prefer to have another female present for breast and/or pelvic exams.
- I do not require another female present for breast and/or pelvic exams.

Signature _____ Date _____

Hillsboro Women’s Clinic would like to have the ability to communicate with you electronically. Please complete the following:

I, _____, grant HWC permission to email me for the following reason(s):

- Annual Exam Reminder
- Notification of Labs/Pap Smears/Diagnostic Test Results

Please note: HIPPA regulations prevent us from detailing results. Your notification will state the following:

*Your recent test results were normal.
Or
Please call us regarding your test results*

My email address is: _____

Signature _____ Date _____