



**Christiana Care Medical Center: Phone 302.623.4242**  
 4735 Ogletown-Stanton Road - Medical Arts Pavilion 2, Suite 3217  
 Newark, DE 19713 - Fax 302.623.4241

**Eden Hill Medical Center: Phone 302.674.1390**  
 200 Banning Street, Suite 240 - Dover, DE 19904  
 Fax 302.674.5979

**Wilmington: Phone 302.478.8000**  
 2700 Silverside Rd. - Suite 2A - Wilmington, DE 19810  
 Fax: 302-478-8077

[www.reproductiveassociates.org](http://www.reproductiveassociates.org)

**Barbara A. McGuirk, MD**  
 Medical Director,  
 Reproductive Surgery

**Ronald F. Feinberg, MD, PhD**  
 Medical Director,  
 IVF Program

**George Kovalevsky, MD**  
 Medical Director,  
 Academic Affairs

**Adrienne B. Neithardt, MD**  
 Medical Director,  
 Donor and Third Party Services

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: \_\_\_\_\_