FOR OFFICE USE ONLY

MRN: ______________

INITIALS: ___________

Permission to Verbally Discuss Protected Health Information

Patient Name ____________________________

Date of Birth ___________________

Patient SSN ____________________________

Name	Telephone Number	Relationship to Patient
______________________	__________________	__________________
______________________	__________________	__________________
______________________	__________________	__________________
______________________	__________________	__________________

By signing below, you hereby consent for this Practice to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under federal law, for the sole purposes of treatment, payment and health care operations. You may refuse to sign this consent form. You should read the Notice of Privacy Practices for PHI attached to this form before signing the Consent. The terms of the Notice may change from time to time, and you may always get a revised copy of it by asking the Privacy Officer for this Practice. You have the right to request that the Practice restrict how PHI is used or disclosed to carry out treatment, payment, or health care operations. The Practice is not required to agree to requested restrictions, however; if the Practice agrees to your requested restrictions, the restriction is binding on it. Information about you is protected under federal law, and you have the right to revoke this Consent, unless we have taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this Consent may be subject to re-disclosure by the recipient and may no longer be protected under federal law.

________________________________ ________________________________

Patient/Responsible Party Signature | Responsible Party Relationship

________________________________ ________________________________

Patient Printed Name | Date