

Permission to Verbally Discuss Protected Health Information

*Note: Completion of this form is optional. To be valid, this form must be filled out COMPLETELY, including what information you are giving us permission to share.

_____Date of Birth: Patient Name:

I give permission to DeLand Foot and Leg Center (DFALC) to VERBALLY discuss the following medical and billing information about me (check all circles that apply):

- Approved voicemail number to leave information: (_____) Ο
- Scheduling/appointment information
- Medical information, including my symptoms, diagnosis, medications, and treatment plan.
- Behavioral health information, including my symptoms, diagnosis, medications, and treatment plan
- Chemical dependency information, including my symptoms, diagnosis, medications, and treatment plan Ο
- **o** Lab/test results
- Billing and payment information
- Other: Ο
- DFALC has my permission to discuss the above information with the below non-medical persons: Ο

Name	Phone	Relationship to Patient	

I understand that I may cancel this permission at any time (by writing to DFALC Health Information), but that cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my medical provider or my clinic to share my information with someone.

This authorization expires:

• When I cancel it in writing or (specify date)

If no expiration date is specified, this authorization will remain in effect until DFALC Medical Records receives written notice to cancel it.

• I decline permission to verbally discuss medical information with someone else

Signature of	patient/guardian
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Date

Relationship to patient

Witness if p	patient is	unable to	sign
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Date

Reason patient is unable to sign

If authorized representative, please sign and attach copies of supporting legal documentation.

*Note: A minor patient's signature is REQUIRED (for ages 13 and above) for us to share information about care for (1) conditions relating to the minors sexuality including, but not limited to: family planning and sexually transmitted diseases (2) alcoholism and/or drug abuse; and (3) mental health conditions.