

Permission to Verbally Discuss Protected Health Information
(This does not include yourself or any other medical professional)

We know that privacy regulations have an impact on our customer service to you, especially when it comes to discussing information about you with family, friends and others you designate who are involved in your care.

We have established a process that allows you to tell us who we may talk with about your medical care.

☐ **I do not give my permission to discuss any information about me to any others, other than myself or another medical professional.**

OR

☐ **I give permission to Douglas Hamilton MD and staff to verbally discuss the following about me:**

(Please circle **all** that apply)

Scheduling/Appointment information, Medical information; including symptoms, diagnosis, medication and treatment plan, Lab test results, Billing and payment information

I give the staff at Douglas Hamilton MD my permission to discuss the above information with:

(Excluding myself or a medical professional)

Name _____

Street Address _____

City, State, Zip _____

Home _____ Work _____

Signature of Patient _____ **Date** _____

Please Print Name _____

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

Reason patient unable to sign _____

I understand that I have the right to revoke my permission at any time, except where disclosure has been made upon this request. I understand that I must notify the office of Douglas Hamilton, M.D. in writing if I want to revoke my permission

Permission to Verbally Discuss Protected Health Information

We know that privacy regulations have an impact on our customer service to you, especially when it comes to discussing information about you with family, friends and others you designate who are involved in your care. We have established a process that allows you to tell us who may talk with about your medical care. This includes appointment information, lab results, treatment information and billing information.

How can I give others permission to get verbal information about me?

Complete the permission to verbally discuss protected health information form on the reverse side of this page to let us know to whom we may speak to about your information. Check the appropriate boxes to indicate what information we may discuss. You may also send us a letter with this information.

How is the information on the form used?

Anytime your designated person calls or makes a request on your behalf, we will verify the individual has your permission to receive the information and then we will share the information.

What are some examples of when this might be useful?

- If an elderly parent wants an adult child to help understand medical treatment instructions
- If an adult child is helping with billing questions
- If a friend is helping an elderly patient with health issues
- If a college student wants information shared with parents
- If an adult child calls to find out his/her parent's appointment time.
- If husband/wife wants information shared with spouse

Can the person I designate also get copies of my medical records?

No, they can only receive verbal information. To get copies of medical records, you must complete a separate authorization form available in our office.

What if I change my mind?

You can change or revoke (stop) this process at any time by writing to us at the address shown below.

What happens if I don't complete the file?

We will continue to protect your private health information as required by law.

Where do I send the completed form or any changes?

Mail or bring to our office
6325 Topanga Cyn. Blvd. #301
Woodland Hills, CA 91367
Or fax to: (818)884-1254

