Park Nicollet

NAME:

Permission to Verbally Discuss Protected Health Information

—Completion of this form is optional—

DOB:

HCL# :

MR#:

215864VERBAL

LABEL

Patient name	Date of birth	Medical record number, if known	
Patient street address	City	State	Zip
Home phone	Work phone		

I give permission to Park Nicollet Health Services/Park Nicollet Methodist Hospital (PNHS) to VERBALLY discuss the following medical and billing information about me *(check all boxes that apply)*:

- ☐ 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
- ☐ Lab/test results
- ☐ Billing and payment information
- ☐ PNHS employee—re. Leave of Absence (specify): _____
- ☐ Other (describe): _____

PNHS has my permission to discuss the above information with:

1 Name _____

Street address _____

City, State, Zip _____

Home phone _____ Work phone _____

2 Name _____

Street address _____

City, State, Zip _____

Home phone _____ Work phone _____

I understand that I have the right to revoke my permission at any time except where PNHS has already made disclosures in reliance upon this request. **I understand that I must notify PNHS in writing if I want to revoke my permission.**

Date _____

Signature of Patient/Authorized Representative **X** _____

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

Reason patient unable to sign _____

NOTE: For copies of medical records, contact Health Information Management at 952-993-7600 or www.parknicollet.com.

—Information sheet on back—

Park Nicollet

NAME:

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LABEL

Permission to Verbally Discuss Protected Health Information - Information Sheet

—Completion of this form is optional—

Park Nicollet Health Services knows 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. This includes appointment and scheduling information, lab and test 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 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 a parent
- If an adult child calls to find out his/her parent's appointment time

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 at our clinics, by calling 952-993-7600, or at www.parknicollet.com.

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. Forms are available at your clinic, or you can obtain a new form at www.parknicollet.com.

What happens if I don't complete this form?

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

Where do I send the completed form or any changes?

Mail to:
Park Nicollet Health Services
Release of Information
3800 Park Nicollet Blvd.
St. Louis Park, MN 55416

OR fax to:
952-993-1811

Call 952-993-7600 with questions.

NOTE: For copies of medical records, contact Health Information Management at 952-993-7600 or www.parknicollet.com.