

Permission to Discuss Personal Health Information

Patient Name _____ D.O.B _____

I hereby give permission to the person(s) listed below to receive information about the care of the above named patient:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Patient, Parent, Guardian

Date

In order to obtain information by telephone, the party calling the practice must share the patient identifier with the staff.

Patient Identifier: _____