

Permission to Verbally Discuss Protected Health Information with Family and Friends



VERBAL

—Completion of this form is optional—

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

I give permission for HealthPartners to **VERBALLY** share the information I have checked with the family, friends or others that I have identified below as being involved in my health care, care coordination or payment of my health care. *(check all boxes that apply)* This form **does not authorize releasing copies of my records**.

- ☐ Scheduling/Appointment information
- ☐ Medical information, including my symptoms, diagnosis, medications and treatment plan
- ☐ Behavioral health information, including my symptoms, diagnosis, medications and treatment plan
- ☐ Substance use disorder
- ☐ Developmental disability
- ☐ Lab/test results (☐ Check here to include HIV results)
- ☐ Billing and payment information
- ☐ Other (describe): _____

HealthPartners has my permission to discuss the above information with the following family member, friend or other person. List only 1 person on each form. This information is directly relevant to their involvement in my health care (or payment for that care).

Full name _____

Street address _____

City, State, Zip _____

Home phone _____ Work phone _____

I understand that in certain situations HealthPartners may speak to other individuals who are involved in my care or payment of that care, if permitted by law, that may not be identified on this form.

I understand that I have the right to revoke my permission at any time except where HealthPartners has already made disclosures in reliance upon this request. **I understand this permission remains in effect until the time I revoke it in writing.** If an updated PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION WITH FAMILY AND FRIENDS form is received and it has an identical family member/friend/other person listed with updated permissions (different checkboxes), the new version will automatically revoke the previous version on file.

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

If other than patient, state relationship and authority to sign _____

* Make sure Power of Attorney or Health Care Directive giving authority to sign is on file or a copy is included with this form.

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

Patient/Staff Instructions: Immediately upon completion send form to HIM (details on back)

Permission to Verbally Discuss Protected Health Information with Family and Friends – Information Sheet

We have established a process that allows you to tell us who we may talk with about your health care. This includes appointment and scheduling information, lab and test results, treatment information and billing information.

Where do I send the completed Permission to Verbally Discuss Protected Health Information with Family and Friends form or any changes?

Mail or fax the completed Permission to Verbally Discuss Protected Health Information with Family and Friends form to the address below or ask hospital or clinic staff to send it for you.

HealthPartners Health Information Management (HIM)

Mailstop 61N00I
3800 Park Nicollet Blvd.
St. Louis Park, MN 55416
Tel 952-993-7600
Fax 952-993-6496

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

No, they can only receive verbal information.

How do I request copies of my medical records?

Complete a Patient Authorization for Release of Protected Health Information form, available by contacting your primary clinic/facility or at www.healthpartners.com. Mail or fax the completed form to the address below or ask hospital or clinic staff to send it for you.

HealthPartners Release of Information

Mailstop 61N01I
3800 Park Nicollet Blvd.
St. Louis Park, MN 55416
Tel 952-993-7600
Fax 952-883-9768

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

Complete the Permission to Verbally Discuss Protected Health Information with Family and Friends form on the reverse side of this page to let us know to whom we may speak about your information. List only 1 person on each form. Check the appropriate boxes to indicate what information we may discuss. You may also send us a letter with this information.

Does this mean that you will not speak to anyone I haven't specifically named on the form?

No. If permitted by law, HealthPartners may speak to other individuals involved in your care (or payment for that care).

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 individual wants to share information with spouse or significant other
- 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 a 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

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 above. Forms are available at your clinic, or you can obtain a new form at www.healthpartners.com. [Of note: If an updated Permission to Verbally Discuss Protected Health Information with Family and Friends form is received and it has identical family member/friend/other people listed with updated permissions (different checkboxes), the new version will automatically revoke the previous version on file.]

What happens if I don't complete this form?

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