

CLINICS
**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 the information you are giving us permission to share.

Patient Name: _____ Date of Birth: _____
 (please print)

I give permission to _____ St. Luke's 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.
This may include information about sexually transmitted disease (STD) testing and treatment, HIV/AIDS Testing and treatment, pregnancy testing, prenatal care, birth control & family planning.
- ☐ 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
- ☐ Other: _____

_____ St. Luke's has my permission to discuss the above information with:

Name	Phone	Relationship to Patient

I understand that I may cancel this permission at any time (by writing to _____ St. Luke's Clinics Medical Records), 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.

If no expiration date is specified, this authorization will remain in effect until _____ St. Luke's Clinics Medical Records receives written notice to cancel it.

Optional: I want this authorization to expire on: _____ (specific date here)

Signature of Patient/Parent/Guardian

☐ Check only if Verbal Consent is being taken

 Date

 Relationship to Patient (if applicable)

 Witness (if patient is unable to sign)

☐ Check only if witnessing a Verbal Consent

 Date

 Reason patient is unable to sign

*if signed by Authorized Representative/Guardian, please sign and attach copies of supporting legal documentation.

--Information Sheet on reverse side--



Permission to Verbally Discuss Protected Health Information: INFORMATION SHEET

St. Luke's knows that privacy regulations have an impact on our customer service, 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.

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 requested 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 or information
- 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 to be 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 by calling St. Luke's Medical Records at 218-249-2003 or www.slhduluth.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 by visiting:

<https://www.slhduluth.com/patients-visitors/patient-resources/medical-records/>

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:

St. Luke's Clinic Medical Records
915 E. First Street
Duluth, MN 55805

Or e-mail to:

portalforms@slhduluth.com

Please call your clinic with any questions.