

Southern E.N.T. Associates, Inc.

Permission to Verbally Discuss Health Information

In limited cases, we may provide health information to family members, or close friends who are directly involved in your care or the payment for your health care, **unless you tell us not to**. We may also discuss medical information in the presence of a family member or friend if **you are present and indicate that it is okay to do so**.

Example: If a family member or friend accompanies a patient into the exam room, we will assume, unless stated otherwise, that that person is entitled to receive information regarding the patient's treatment, but only during that visit unless indicated otherwise in writing below.

You can give us permission to discuss information about you with family, friends and others you designate who are involved in your care or concerned about your health status and may ask about your condition or need information **when you are not present**. You can tell us who we may talk with about your medical care, including your appointment and scheduling information, lab and test results, treatment information and billing information. This does not mean that the person will have access to your medical records.

Permission to disclose or release medical records is handled completely separate.

Southern E.N.T. Associates, Inc. will not release confidential medical information regarding your treatment to family members or friends, unless they fall under one of the following categories:

- ♦ Parent of a minor under the age of 18
- ♦ Legal Guardian
- ♦ Emergency Contact
- ♦ Persons authorized by the patient
- ♦ Instances permitted by HIPAA
- ♦ As we may reasonably infer from the circumstances.

Complete this form to let us know to whom we may speak about your information. Check the appropriate boxes to indicate what information we may discuss. Here are some examples of when it might be useful to you to release information:

- ♦ If you want a relative or friend to help understand medical treatment instructions
- ♦ If a relative or friend is helping with billing questions
- ♦ If a friend or relative calls to verify an appointment time
- ♦ If a relative or friend comes in and asks if you are here and in or out of surgery or the procedure room

If you change your mind when you have another appointment with us, you can complete a new permission form. You must notify us **IN WRITING**.

I give permission to Southern E.N.T. Associates, Inc. to VERBALLY discuss the following information about me (Check all that apply) with the following person(s):

_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship

- Appointment Information**
- Medical Information, including my symptoms, diagnosis, medications, and treatment plan**
- Lab/test results**
- Billing and payment information**
- My location in the facility**

I understand that I have the right to revoke my permission at any time except where Southern E.N.T. Associates, Inc. has already made disclosures relying upon this permission request. **I understand I must notify Southern E.N.T. Associates, Inc. in writing if I want to revoke my permission.**

I acknowledge and agree that Southern E.N.T. Associates, Inc. and any other affiliates or vendor thereof, including collection or billing companies, may contact me by telephone or text message to any telephonic number I have provided to you, and any other telephone number associated with my account, including wireless or mobile telephone numbers.

Signature of Patient/Authorized Representative: _____

Relation to Patient: _____

Witness: _____

Date and Time: _____