APDerm®
ADULT & PEDIATRIC DERMATOLOGY

PERMISSION FOR VERBAL COMMUNICATION

If you would like to grant someone other than yourself, permission to discuss your Healthcare information with a member of APDerm® please complete this form.

_____ _____
(Print name of patient or place patient label here) (Birth date)

_____ _____
(Street address) (City, state, zip code)

_____
(Phone number)

I permit Adult & Pediatric Dermatology, PC, their physicians, nurses, and other personnel ("Healthc are Providers") to discuss health information, in person or by telephone, with the following family members or friends involved in my medical care: (List family members/friends and state the person's relationship to the patient). This authorization is limited to discussions regarding the following medical condition(s):

_____
(If no limitations are listed, discussions will be permitted regarding any medical condition for which the patient has received care.)

Name	**Phone Number**	**Relationship**
1.	_____	_____
2.	_____	_____

Release of information under this document is limited to verbal discussions with my healthcare providers.
This document does not permit release of any written health information to the individuals named above. This authorization is limited to the following timeframe from _____(date) to_(date). If no dates are indicated, this form will remain in effect for an unlimited amount of time.

If, at any time, I do not want verbal discussions to be permitted between my healthcare providers and any of the individuals named above, I must notify my healthcare provider by contacting the compliance officer @ Adult & Pediatric Dermatology, PC, (978) 849-7502.

Patient's Signature:_____Date: _____

If this release is signed by a representative on behalf of the patient, complete the following:

Representative's Name:_____

Relationship to Patient:_____

INSTRUCTIONS: Please print, sign and send to:

Adult & Pediatric Dermatology, PC
Attention: Compliance Officer
526 Main Street
Acton, MA 01720

Phone: (978) 849-7502
Fax: (978) 371-0522

OR
Hand to receptionist