

Permission to Verbally Discuss Protected Health Information

Patient Name: _____ Date of Birth: _____

Patient Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please CIRCLE the best way to contact the patient regarding Protected Health Information:

Cell Phone Home Phone Work Phone Email

How would you like us to leave information? (Check all boxes that apply)

Detailed Message (will include any pertinent information to treatment)

Brief message requesting a return call

I give permission to Albina Veys D.M.D. office 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

Lab/test results

Billing and payment information

Other (describe): _____

Albina Veys D.M.D. office has my permission to discuss the above information with:

Name: _____ Relationship: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

I understand that I have the right to revoke my permission at any time except where Dr. Veys has already made disclosures in reliance upon this request. **I understand that I must notify Dr. Veys office in writing if I want to revoke my permission.**

Signature of Patient/Guardian/Authorized Representative

Date

If authorized representative, please sign and attach copies of supporting legal documentation.

Reason patient unable to sign: _____

Permission to Verbally Discuss Protected Health Information

Albina Veys D.M.D. knows that privacy regulations have an impact on our customer service to you, 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 other permission to get verbal information about me?

Complete this 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. You may also send us a letter with this information.

How is the information 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 elderly parent wants an adult child to help understand medical/dental treatment instructions
- 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 shared with a parent
- If an adult child call 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 at our office or by calling 610-489-6663

What if I change my mind?

You can revoke (stop) this process at any time by writing to us at the address shown below.

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 any notice of any changes?

Mail to:

Dr. Albina Veys
104 S. Second Ave.
Collegeville, PA 19426

OR fax to:

610-489-3926

Call 610-489-6663 with questions.