

FLORIDA CANCER AFFILIATES

PERMISSION FOR VERBAL COMMUNICATIONS

To protect a patient's privacy and to ensure that our clinic staff and physicians know whom they have permission to communicate with regarding a patient's protected health information, it is helpful for patients to have a Permission for Verbal Communications form on file at the clinic.

Patient's Name

Account Number

I permit Florida Cancer Affiliates, their physicians, nurses, and other personnel ("Health Care Providers") to discuss health information, in person or by telephone, with the following family members or friends involved in my medical care of payment of my care.

List family members/friends and state the persons relationship to the patient.

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

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 to include, but not limited to, diagnosis, medical records, finances, appointment scheduling or possible test results.

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.

Release of information under this document is limited to verbal discussions with my Health Care Providers. This document does not permit release of any written health information to the individuals named above.

If, at any time, I do not want verbal discussions to be permitted between my Health Care Providers and any of the individuals named above, I must notify my Health Care Provider by contacting the office manager and completing a new Permission for Verbal Communication form.

Patient's Signature

Date

If this authorization is signed by a patient's personal representative on behalf of the patient, please complete the following:

Name of Personal Representative

Relationship to Patient

Witness

Date