

Permission to Verbally Discuss Protected Health Information with Family and Friends



Patient Name: _____

DOB: _____

I give permission for Grow Pediatrics to VERBALLY share the information I have checked with the family, friends or others that I have identified below as being involved in my health care, care coordination or payment of my health care. (Check all boxes that apply) **This form does not authorize releasing copies of my records.**

Scheduling/Appointment information

Medical information, including my symptoms, diagnosis, medications and treatment plan

Behavioral health information, including my symptoms, diagnosis, medications and treatment plan

Substance use disorder

Developmental disability

Lab/test results (Check here to include HIV results)

Billing and payment information

Other (describe):

Grow Pediatrics has my permission to discuss the above information with the following family member, friend or other person. This information is directly relevant to their involvement in my health care (or payment for that care).

Name: _____

DOB: _____

Address, City, State, Zip: _____

Phone: _____

I understand that in certain situations Grow Pediatrics may speak to other individuals who are involved in my care or payment of that care, if permitted by law, that may not be identified on this form.

I understand that I have the right to revoke my permission at any time except where Grow Pediatrics has already made disclosures in reliance upon this request. **I understand this permission remains in effect until the time I revoke it in writing.** If an updated PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION WITH FAMILY AND FRIENDS form is received and it has an identical family member/friend/other person listed with updated permissions (different checkboxes), the new version will automatically revoke the previous version on file.

Signature of Patient/Authorized Representative: _____

Date: _____

If other than Patient, state relationship and authority to sign: _____

ONCE COMPLETE, PLEASE RETURN TO GROW PEDIATRICS, ATTN: MEDICAL RECORDS.