



Permission to Discuss Protected Health Information

***Note: To be valid, this form must be filled out COMPLETELY, including what information you are giving us permission to share.**

Patient Name: _____ Date of Birth: _____

Approved voicemail/text message number to leave information: (_____) _____

Approved email address to leave information: _____

I give permission to DeLand Foot and Leg Center (DFALC) to **VERBALLY** and **IN WRITING** discuss the following medical and billing information about me **(check all that apply)**:

- Scheduling/appointment information
- Medical information, including my symptoms, diagnosis, medications, and treatment plan.
- Behavioral health information, including my symptoms, diagnosis, medications, and treatment plan
- Chemical dependency information, including my symptoms, diagnosis, medications, and treatment plan
- Lab/test results
- Billing and payment information
- Other: _____
- DFALC has my permission to discuss the above information with the below non-medical persons:

Name	Phone	Relationship to Patient

OR I decline permission to verbally discuss medical information with someone else

I understand that I may cancel this permission at any time (by writing to DFALC Health Information), but that cancelling it will not affect any information that has already been released.

This authorization expires:

- When I cancel it in writing; OR _____ (specify date)

*If no expiration date is specified, this authorization will remain in effect until DFALC Medical Records receives written notice to cancel it.

Signature of patient/guardian*

Date

Relationship to patient

Witness if patient is unable to sign*

Date

Reason patient is unable to sign

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

***Note: A minor patient’s signature is REQUIRED (for ages 13 and above) for us to share information about care for (1) conditions relating to the minors sexuality including, but not limited to: family planning and sexually transmitted diseases (2) alcoholism and/or drug abuse; and (3) mental health conditions.**