



Virginia Garcia Memorial
HEALTH CENTER

Release of Verbal Health Information

Patient Name

Date of Birth

Virginia Garcia Memorial Health Center (VGMHC) restricts the release of Protected Health Information (PHI) to that permitted by patient confidentiality laws. According to HIPAA regulations, permitted reasons for release of PHI include treatment, payment, and healthcare operations, or as otherwise allowed by the specific signed authorization of the patient or authorized personal representative.

The purpose of the Release of Verbal Health Information form is to provide our patients an opportunity to permit verbal release of PHI in the following 2 ways.

1. Permission to Verbally Discuss PHI with Family Members/Caregivers

I hereby authorize VGMHC staff to discuss my PHI with the following person(s):

Name and Phone Number: _____ Relationship: _____

Name and Phone Number: _____ Relationship: _____

Name and Phone Number: _____ Relationship: _____

2. Permission to leave a detailed message

I hereby authorize VGMHC staff to leave a detailed message at the following number:

-OR-

I decline. Please do not leave me detailed messages.

Certain information cannot be released without specific authorization as required by state or federal law. By initialing the lines below, you authorize the release of the following protected information:

Information related to the treatment or diagnosis of HIV/AIDS

Information related to the treatment or diagnosis of mental health conditions

Information related to the treatment or diagnosis of drug and/or alcohol abuse

- I understand that this authorization is valid as long as I am a patient of VGMHC.
- I understand that I may revoke this authorization in writing at any time but that revocation of this authorization will not apply to information already released.
- This form is not valid unless signed and dated.

Signature of patient/representative

Printed Name

Date

Description of personal representative