MINNESOTA ONCOLOGY

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.

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Patient's Name MRN DOB

☐ **I permit** MN Oncology, their physicians, nurses, and other personnel to discuss health information, in person or by telephone, with the following family members or friends involved in my medical care or payment of my care:

List family members/friends and state the person's relationship to the patient.

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

What information can be verbally discussed?

☐ All health information ☐ Physician's orders ☐ Past/Present Medications ☐ Diagnostic test reports

☐ Lab results ☐ Billing/ Insurance information ☐ Other_____

If no limitations are listed, discussions will be permitted regarding any medical condition for which the patient has received care.

Select your message preference: ☐OK to leave a message ☐Do NOT leave a message

☐ **I do not permit** MN Oncology, their physicians, nurses, and other personnel to discuss health information, in person or by telephone, with any individuals, including family members or caregivers, unless I provide written authorization.

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 MN Oncology.

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Patient's Signature Date