



AUTHORIZATION FOR VERBAL COMMUNICATIONS

Patient Name		Birthdate
Street Address	City, State, Zip Code	Phone Number

I permit INTEGRIS Health Facilities, its physicians, nurses, and other healthcare providers to verbally discuss my personal health information with the recipients listed below. Such communications may be in person or by telephone.

NO, there are no limitations on what may be discussed regarding any medical condition for which the patient has received care.

YES, there are limitations on what may be discussed regarding the following medical condition(s):

Please list limitations: _____

Please list the names and phone numbers of the individuals you wish to receive verbal information:

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

In addition to the individuals named above, we may also discuss your personal health information with friends and family involved in your care. If there are any friends or family you would not want us to speak with, please list their name:

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

Release of information under this document is limited to verbal discussions with the individuals named above. This document does not permit release of any written health information to the individuals named above. Should you desire to have written health information released, an additional authorization for release of information form must be completed. If, at any time, you want to withdraw your authorization for INTEGRIS Health to have verbal discussions with the above named individuals, you must update this authorization form in writing.

Patient's Signature: _____ **Date:** _____

If this Release is signed by a Legal Representative: My authority as Legal Representative is as [check one]:

- Durable Power of Attorney Address:
- Health Care Proxy under Living Will
- Court-Appointed Guardian of the Person

You must provide a copy of the document appointing the Legal Representative for inclusion in the patient's record.

Representatives
Name: _____ **Date:** _____