Edward-Elmhurst HEALTH | Healthy Driven

EEH Verbal Release of Information

Home Phone: _____ Cell Phone: _____ Work Phone: _____

1. Which phone number is best to reach you during the day (8am-4pm)? □ Home □ Cell □ Work
2. Which phone number is best to reach you during the evening (4pm-7pm)? □ Home □ Cell □ Work

3. If we may leave a detailed message regarding patient information which may include test results, appointment reminders or other health related services please check the box of your preferred voicemail*.

□ Home □ Cell □ Work □ Text □ Do not leave a message

***Answering machines and voicemail must have an identifying message to confirm these are your numbers for example: "You have reached John Doe" or "You have reached 630-555-1212"**

4. Please list any persons with whom we MAY share details about your health care. Indicate below whether this may include **Sensitive Health Information** such as mental health, developmental disabilites, AIDS/HIV or other sexually transmitted diseases, treatment and/or diagnoses, Drug/Alcohol abuse diagnoses, treatment and/or referral and genetic testing.

Name	Relationship	Phone Number	Release Routine Info	Release Sensitive Info
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

5. Please list an **EMERGENCY CONTACT(S)**

Name	Relationship	Phone Number

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the physician. Written revocation of consent must be sent to the physician's office. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. We may disclose your protected health information in other ways if it is permitted by law and we determine such disclosure to be necessary under the circumstance.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

If Parent or Guardian's Signature

If you are filling this form out for your child remember to also list yourself as a person to release information too.