



## Permission to Discuss

Federal HIPAA laws require signed acknowledgement in order to discuss the treatment, procedures, costs, and accounts regarding patients **18 years and older**. This includes any of the following:

- Adult child's care with his/her parent(s) even if said parent is the responsible party
- Spouse or partner
- Aging parent

Guardians, caregivers, and/or family members must have written permission on record in our office before we can share information. Please help us achieve legal compliance in these matters by listing those with whom we can discuss your records, accounts, and care.

---

---

---

---

---

---

Please indicate below which contact methods by which you give consent to leave a detailed message. A "detailed message" includes appointment date, time, and purpose; account activity and balance; recommended procedures, referrals, pre-authorizations, and insurance.

Cell phone \_\_\_\_\_

Text \_\_\_\_\_

Home phone \_\_\_\_\_

Email \_\_\_\_\_

Printed name of patient \_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_