

PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION

INFORMATIONAL SHEET ONLY - No signature required on this page

How can I give others permission to get verbal information about me?

Complete the Permission to Verbally Discuss Protected Health Information form on the reverse side of this page to let us know to whom we may speak about your information. Check the appropriate boxes to indicate what information we may discuss. You may also send us a letter with this information.

How is the information on the form used?

Anytime your designated person calls or makes a request on your behalf, we will verify the individual has your permission to receive the information before we will share the information.

What are some examples of when this might be useful?

- If an elderly parent wants an adult child to help understand medical treatment instructions
- If an adult child is helping with billing questions
- If a friend is helping an elderly patient with health issues
- If a college student wants information shared with a parent
- If an adult child calls to find out his/her parents appointment time

Can the person I designate also get copies of my medical records?

No, they can only receive verbal information. To get copies of medical records, you must complete a separate Authorization form available at our clinic, by calling (723)715-9187, or at www.visionsource-cf.com

What if I change my mind?

You can change or revoke (stop) this process at any time by writing to us at the address shown below. Forms are available at our clinic, or you can obtain a new form at www.visionsource-cf.com.

What happens if I don't complete this form?

We will continue to protect your private health information as required by law.

Where do I send the completed form or any changes?

Mail to:

Northwoods Family Eyecare
113 N. Bridge St.
Chippewa Falls, WI 54729

Questions? Call:
715-723-9187

Or Fax to:
715-723-1755

Or Email to:
nweyecare@sbcglobal.net