Permission to Verbally Discuss Protected Health Information

Island Health Care

I, _____ (*Your Name*), give my permission for Island Health Care to verbally discuss the information checked below with _____ (*Name of Relative or Friend*). Their phone number is (*optional*) _____.

❑ **All Clinical Information** (includes items below only if checked)

- ❑ STD, STI or HIV results
- ❑ Substance Use Disorder
- ❑ Domestic or sexual violence

❑ **All Financial Information**

❑ **Appointment Information** (includes items below only if checked)

- ❑ Behavioral health appointments
- ❑ Medical appointments
- ❑ Dental appointments

❑ **All Dental Information**

❑ **Mental Health Information** (includes items below only if checked)

- ❑ Treatment details, including:
  - Treatment / aftercare plan
  - Diagnosis & assessment
  - Medications
  - Discharge summary
  - Care team members
- ❑ Progress & program details, including:
  - Program services overview
  - Family service or education plan, goal attainment

Is there anything else we should know? Please be as specific as possible:

I understand that this permission is valid until there is a written revocation.

Patient's Signature	**Today's Date**
Print Name	**Date of Birth**