



**Permission to Verbally Discuss Protected Health Information**

I, \_\_\_\_\_, give my permission for you to discuss my medical information with the following person(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date