## KAISER PERMANENTE.

## **Consent to Disclose Personal Health Information**

## Help us communicate with you better.

Please use this form to tell us when you would like us to leave messages or discuss your health with others, and how we should contact you with non-urgent news such as lab results or appointment reminders. If you are completing this form on behalf of another member/patient (i.e. a minor child), please use the member's/patient's information.

1.	1. What name I prefer to be called:			
2.	How I like to get <i>routine</i> mess Letter Secure Email through kp.	ages (please circle only one): org Phone:	Fax:	
3.	<ul> <li>When it is okay to leave a message about my health:</li> <li>(In the case of <i>urgent</i> news, we will always strive to reach you directly.)</li> <li>Never</li> <li>On my voicemail at home. Number:</li> <li>On my voicemail at work. Number:</li> <li>On my voicemail on mobile phone. Number:</li> </ul>			
4.	<ul> <li>Who it is okay to discuss my health with:</li> <li>No one</li> <li>Any of the people listed below:</li> </ul>			
	Name	/ Relationship	Phone Number	
	Name	/ Relationship	/Phone Number	
5.	What is okay to discuss or leave a message about:         Any information about my treatment*, OR:         Laboratory results       Medical instructions or advice       Prescription drug information         X-ray reports       Eyeglasses or contact lens information         Appointment information, including type of appointment         Other (specify):         *This may include detailed personal medical information including medical services to be provided, notification that items such as refills are ready for pick-up, as well as any information listed in #5 above.			
	Patient's Name		Kaiser Permanente ID Number	
	Signature of Patient or Authorized Personal Representative (Attach legal documentation of authority)		Date	
	is consent will remain in effect until date the minor becomes an adult un		•	
Th	is form does not apply to behavioral	health information.		
For Office Use: Verification of Photo ID Verified By				

For once Use: Verification of Photo ID\_\_\_\_\_ Forward to: Release of Information Department 11000 E. 45<sup>th</sup> Avenue, Denver, CO 80239-3004

Rev. November 2013