



COVENANT HEALTH
Our Name is Our Promise



**ST. JOSEPH
HOSPITAL**
A Member of Covenant Health

Permission to Discuss Protected Health Information

Patient Name: _____ Date of Birth: _____

I give permission to St. Joseph Healthcare to discuss the following medical and billing information about me:

- Medical information, including my symptoms, diagnosis, medications and treatment plan. This may include sensitive information.
- Lab/test results
- Billing and payment information
- Scheduling/appointment information

St. Joseph Healthcare has my permission to discuss the above information with:

Name	Phone	Relationship to Patient

I understand that I may cancel or change this permission at any time by completing a new permission form, however cancelling it will not affect any information that has already been released. This document replaces any previously completed permission form and will remain in effect until we receive another form to replace or cancel it.

I decline permission to discuss my medical information. We will continue to protect your private health information.

Signature of patient/legal guardian

Date & Time

Relationship to patient

If authorized representative, please provide copies of supporting legal documentation.



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Permission to Discuss Protected Health Information Frequently Asked Questions

St. Joseph Healthcare knows that privacy regulations have an impact on our customer service, especially when it comes to discussing information about you with family, friends and others you designate who are involved in your care. We have established a process that allows you to tell us who we may talk with about your medical care. This includes appointment scheduling information, lab and test results, treatment information and billing information.

What happens if I don't complete this form? We will continue to protect your private health information as required by law.

How can I give others permission to get verbal information about me? Complete the Permission to Discuss Protected Health Information form. Once completed, mail or drop this off to your primary care provider.

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 a spouse/partner calls to find out patient's appointment time
- 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 family member/friend is helping an elderly patient with health issues
- If a college student wants information shared with a parent
- If an adult child is helping with interpretation of results, tests, etc.

If I require an interpreter, do I need to include them on this form so that information can be shared? No. An interpreter may be provided to assist communication with your provider at no cost, however, you are not required to list them on this form.

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 in the medical practice, on our website or by contacting the Health Information Management Department in the hospital.

What if I change my mind? You can change or cancel this process at any time by contacting your medical practice. Forms are available at your medical practice whenever you'd like to change or update individual names.