



Permission to Verbally Discuss Protected Health Information

Note: Completion of this form is **optional. To be valid, this form must be filled out **COMPLETELY**, including what information, you are giving us permission to share.*

Patient Name: _____ Date of Birth: _____

I give permission to Snyder Plastic Surgery to VERBALLY discuss the following medical and billing information about me (check all boxes that apply):

- Scheduling/appointment information
- Medical information, including my symptoms, diagnosis, medications, and treatment plan.
**This may also include information about sexually transmitted disease (STD) testing and treatment, HIV/AIDS testing and treatment, pregnancy testing, prenatal care, birth control, and family planning.*
- Behavioral health information, including my symptoms, diagnosis, medications, and treatment plan
- Chemical dependency information, including my symptoms, diagnosis, medications, and treatment plan
- Lab/test results
- Billing and payment information
- Other: _____

Snyder Plastic Surgery has my permission to discuss the above information with:

Name:	Phone:	Relation to patient:

I understand that I may cancel this permission at any time (In writing) with Snyder Plastic Surgery, but that cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my medical provider or my clinic to share my information with someone.

This authorization expires:

- When I cancel it in writing _____ (specify date) If no expiration date is specified, this authorization will remain in effect until Snyder Plastic Surgery receives written notice to cancel it.
- I decline permission to verbally discuss medical information.

Signature of patient/guardian

Date

Relation to patient

Witness

Date

***Note: A minor patient's signature is REQUIRED (for ages 13 and above) for us to share information about care for (1) conditions relating to the minor's sexuality including, but not limited to: family planning and sexually transmitted diseases (2) alcoholism and/or drug abuse; and (3) mental health conditions.**

Snyder Plastic Surgery 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.

How can I give others permission to get verbal information about me? Complete the Permission to Verbally Discuss Protected Health Information form 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 a designated person calls or makes a request on your behalf, we will verify the individual has your permission to receive the information before we 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 practice, or by calling 512-522-9902.

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.

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: Snyder Plastic Surgery 1510 W 34th St Suite 100 Austin, TX 78703 Or fax to: 512-533-9901.