

**BAYLOR SCOTT & WHITE HEALTH
PERMISSION FOR VERBAL COMMUNICATION**

Patient Name _____ Date of Birth _____ Phone Number(s) _____

Full Address (City, State, and Zip Code) _____

I permit **Baylor Scott & White Health** to discuss my personal medical health information, in person and/or by telephone, with the following persons involved in my medical care for the following purposes:

- To orally schedule or confirm my appointments;
- To discuss my care including the results of diagnostic tests, diagnosis, prognosis, and treatment plans that may include mental health records, psychotherapy notes, AIDS/HIV test results, substance abuse treatment records, blood bank records, and/or genetic information; or
- To discuss billing and payment for medical services.

I understand that this document applies to all departments, healthcare providers and/or employees with **Baylor Scott & White Health**. I understand that this authorization is voluntary and that once this information is disclosed to the person(s) designated that it may be re-disclosed by them and may no longer be protected by state or federal privacy laws.

Name	Relationship	Phone Number
1 . _____	_____	_____
2 . _____	_____	_____
3 . _____	_____	_____

I further understand that I may revoke this authorization at any time by sending a written statement of revocation to **Baylor Scott & White Health – Office of Corporate Compliance, 2401 S. 31st Street, MS-AR-300, Temple, Texas 76508.**

This document of Permission for Verbal Communication will expire upon revocation, or at the date or event specified here _____ .

This document does not permit the release of written information to these individuals. My refusal to sign this authorization will not negatively affect my health care at **Baylor Scott & White Health**.

Signature of Patient or Legal Representative (electronic signatures not acceptable) _____ Date _____

Print Name of Patient or Legal Representative _____ Relationship to Patient _____

Representative's Authority to Act for Patient
(attach supporting documentation) _____

BAYLOR SCOTT & WHITE HEALTH



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