I, ______________________________ , the patient / legal representative
SSN: ______________________ DOB: ___________ hereby authorize, ______________________ to release information in the form of verbal communications regarding my treatment and care to the following individual _________________________________ ____
Relationship

- ☐ Notify of admission
- ☐ Increase data
- ☐ Exchange information regarding my medical psychiatric condition
- ☐ To discuss discharge plans and follow-up care
- ☐ To discuss medication management
- ☐ Other

I understand that my express consent is required to release any healthcare information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/ mental health, or drug and alcohol use. If I have been tested, diagnosed or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use, you are specifically authorized to release all the information relating to such diagnosis, testing and treatment.

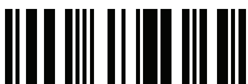
I understand that authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to insure healthcare treatment. I understand that once the above information is disclosed, the information may not be protected by federal privacy laws and may potentially be redisclosed by the recipient.

Revocation: I understand that I may revoke this authorization at any time by notifying the Health Information Management Department at Franciscan Health System in writing or by completing the Revocation of Authorization form. I understand that the revocation will not apply to information that has already been released in response to this authorization.

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER THE DATE IT IS SIGNED

____ ______________ ______________
Patient/Legal Representative Signature Date Time

____
Relationship (if other than patient)



(07/09/13)

CATHOLIC HEALTH INITIATIVES

Franciscan Health System

St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

VERBAL RELEASE
OF INFORMATION CONSENT

Patient Information