KAISER PERMANENTE® *HAWAII REGION*

Authorization for Verbal Release of Protected Health Information (PHI)

Original: 5/03/07 **Revised:** 12/06/07

MR #:

Name:

Sex/BD:

Use BLACK ball point pen. *Format: Date: MM | DD | YY* Time: Military* ***Birthdays require** full year (example: 1907 instead of '07)*

1. CHECK AUTHORIZATION TYPE (one or both):

1a. Telephone Messages:

❑ I hereby authorize Kaiser Permanente to leave a detailed message regarding my medical care on my voicemail, or with anyone answering the telephone.

Kaiser will use the phone numbers currently on file for you.

1b. Authorized Person:

❑ **I hereby authorize:** _____ _____
Last Name, First Name Relationship

To receive information verbally in person or via phone for:

Patient Name: Last: _____ First: _____ MI: ____

Birthdate: MR #: _____

2. COMPLETE DISCLOSURE TYPE, SIGN AND DATE (required):

Disclosure Type:

Verbal disclosure is authorized for **any and all information** about medical history, mental and physical condition, including HIV infection, AIDs, or ARC, drug and alcohol use, and other personal information **unless otherwise specified:**

Signature:

I understand that I am authorizing Kaiser Permanente Hawaii to verbally release protected health information to anyone answering the telephone numbers on file, or to the authorized person, including but not limited to medical care, membership, and billing transactions.

I, the requester/representative, have filled out this form completely. All blank fields are intentional. I understand that this authorization is voluntary and that Kaiser Permanente Hawaii will not condition my treatment, payment, enrollment in the health plan, or eligibility for benefits upon signing this form. **This authorization is in effect until updated or revoked in writing.**

_____ **X** _____ ____ | ____ | ____
Print Name Signature Date

If signed by other than patient or parent of minor child, please print name below and indicate relationship. Submit documents to show authority.

_____ _____
Print Authorized Representative's Name Relationship to patient

For Kaiser Use Only: ❑ Add New ❑ Update ❑ Cancel

❑ Verify full understanding and total completion of form with patient.
❑ Verify ID: ❑ Driver's License ❑ State ID ❑ Legal Documents ❑ Passport ❑ Other: _____
❑ Is activation **URGENT?** ❑ No ❑ Yes ➔ Fax to Patient ID immediately: 432-5050
❑ Print delegate's name, date, and send original form to **Patient ID/Dole**, by CTS carrier vans.
❑ Patient ID: Enter in KP HealthConnect FYI "Patient Communications"

KP Staff Name: *(print)*

Name: _____ Loc: _____ Dept: _____ Phone #: _____ - _____

PATIENT INSTRUCTIONS

1. This form must be completed by the requester in person at a Kaiser Permanente patient service facility. If information is incomplete, the request may be rejected, requiring the requester to complete another form in person.
2. This form must be submitted to Kaiser Permanente staff. A valid picture ID is required for verification at the time of submittal. If this communication request is made by persons other than the patient, legal documentation proving your identity and legal authority to represent the patient is required (e.g. legal or other notarized documents).
3. Please allow 3 business days (m - f) from the day of receipt, for this request to become effective. If needed immediately, please inform Kaiser Permanente staff. Every reasonable effort will be made to process the request in a timely manner.

VERBAL RELEASE GUIDELINES

1. Telephone messaging is NOT for emergencies! Telephone messaging is not appropriate for urgent or emergent situations.
2. No one can guarantee the security and privacy of telephone messages.
3. To update the phone numbers currently on file for you, please contact your clinic.
4. If you do not list any exceptions in the Disclosure Type Section, such as AIDs or mental health, be aware that any sensitive medical information may be included in the message and/or discussed with the specific person.
5. This authorization cannot be limited to one type of medical information (i.e. cannot be only for appointments).