



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.  
500 NE Multnomah St., Suite 100, Portland, OR 97232.

## Consent to Verbally Disclose Protected Health Information to Family Members and Friends

PATIENT:		
NICKNAME/MAIDEN NAME/OTHER:		
HEALTH RECORD NO.:		
BIRTHDATE:	PHONE NO.:	
ADDRESS STREET OR BOX NUMBER:		
CITY:	STATE:	ZIP+4:

1. I consent for Kaiser Permanente to discuss/share protected health information about me with the following individual(s) who are involved in my care:

NAME:	RELATIONSHIP:	PHONE NO.:
NAME:	RELATIONSHIP:	PHONE NO.:
NAME:	RELATIONSHIP:	PHONE NO.:

2. Type of information to be shared or disclosed:

Appointment information      Prescription information      All information related to general medical care

INITIALS	<b>Refer to Authorization for Use or Disclosure of Protected Health Information, Form #0004-1756 for disclosure of the following information:</b> psychiatric consults and mental illness, developmental disabilities, genetic testing, HIV/AIDS and test results, sexually transmitted infection, and/or reproductive care and substance use.
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3. I consent that Kaiser Permanente may leave detailed phone messages about my medical and health plan information with the following:

Voicemail      Person answering

INITIALS	<b><i>This consent shall remain in effect until replaced in writing by the member/patient. Submitting a new form will replace existing form. If this consent is signed by a minor, it will automatically expire when the minor reaches the age of 18 years old.</i></b> (Oregon or Washington Confidential Communication Request forms may override this form.)
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<b>X</b>	DATE	AGE OF MINOR AT TIME OF SIGNING
SIGNATURE OF PATIENT/AUTHORIZED INDIVIDUAL		

**Mail to:** Medical Records File Services – 500 NE Multnomah St, Suite 100, Portland, OR, 97232

**Fax to:** 1-877-849-4116

**Email to:** [NW-Med-Rec@kp.org](mailto:NW-Med-Rec@kp.org)

Kaiser Permanente reserves the right to make disclosures otherwise permitted under HIPAA. This consent form does not authorize release of patient health records, which requires a HIPAA Authorization.