



2000 North Ave, Northfield MN 55057

# Authorization to Verbally Discuss Protected Health Information (PHI)

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Check all that apply:

I Do Not wish my medical information discussed with anyone.

I authorize Northfield Hospital + Clinics to **verbally discuss all of my medical information** with the following individuals. This document does not permit release of any written health information to the individuals named on this authorization.

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

I authorize Northfield Hospital + Clinics to **verbally discuss only the following** medical condition(s) during hospitalization on \_\_\_\_\_ (date):

\_\_\_\_\_  
\_\_\_\_\_

(If no limitations are listed, discussions will be permitted regarding any medical condition and/or billing for which the patient has received care at Northfield Hospital + Clinics.)

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

I am a resident of a care facility and my medical information may be **verbally discussed** with staff from \_\_\_\_\_.  
*(Specify care facility)*

I am currently receiving home care services and my medical information may be **verbally discussed** with staff from \_\_\_\_\_.  
*(Specify home care agency)*

This authorization is in effect for one year unless notified in writing that the authorization should be terminated. This form covers all Northfield Hospital + Clinics locations and departments.

Signature of Patient/Legal Guardian: \_\_\_\_\_

Print Name of Patient/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



Minors	Can the minor determine who can receive information about the minor's care and treatment?	Can the provider inform the parents or guardians of the minor's care and treatment anyway?
<b>If patient is under 18 and:</b>		
Unmarried, no special circumstances.	No	Yes, when failure to inform would seriously jeopardize the health of the minor, in the judgment of the provider
Married or previously married.	Yes*	(same as above)
Has no special circumstances, but it is an emergency and parents or legal guardian not available.	Yes	(same as above)
Not living with parents or legal guardian and manages own financial affairs regardless of source or extent of income.	Yes*	(same as above)
Not married and pregnant (care to determine presence of or to treat pregnancy).	Yes	(same as above)
Not married and pregnant (care not related to determining presence of or treat pregnancy).	No	(same as above)
Receiving care to determine presence of or to treat alcohol or drug abuse.	Yes	(same as above)
Receiving care to determine presence of or to treat venereal disease.	Yes	
Has borne a child.	Yes, for both the patient and the patient's child*	(same as above)
Is a member or former member of the Armed Forces.	Yes*	(same as above)

\* "The consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor." (M.S.A. 144.345)

If you are unsure about whether a patient is decisionally capable of filling out this form;

- Seek the professional judgment of the patient's provider.
- If the provider determines the patient is not decisionally capable, you should either:
  - See if the patient has a guardian or has granted someone a healthcare Power of Attorney, and consult that person.
  - See if there is an exception that allows you to share information by consulting the "Uses and Disclosures Permitted Without Patient Authorization, or an "Opportunity to Agree or Object" policy.
- In a medical emergency, you can share information when you are unable to obtain the patient's consent due to the patient's condition or the nature of the medical emergency. "Medical emergency" is defined by Minnesota law as medically necessary care which is immediately needed to preserve life, prevent serious impairment to bodily functions, organs or parts, or prevent placing the physical or mental health of the patient in serious jeopardy.
- For notification purposes, you can share PHI as necessary to identify, locate and notify family members, guardians or anyone else responsible for the patient's care, of the patient's location, general condition, or death. If the patient is incapacitated or unavailable, you may share information for these purposes if, in your professional judgment, doing so is in the patient's best interest. In this instance, you may only disclose PHI that is directly relevant to the person's involvement with the patient's care or payment related to the patient's health care or needed for notification purposes.