

## AUTHORIZATION FOR VERBAL RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

### 1. CHECK AUTHORIZATION TYPE (one of both):

#### 1a. Telephone Messages:

I hereby authorize Big Island Healthcare to leave a detailed message regarding my medical care on my voicemail, or with anyone answering the telephone.

**Big Island Healthcare 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 Big Island Healthcare 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, insurance, 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 Big Island Healthcare will not condition my treatment or payment upon signing this form.

**This authorization is in effect until updated or revoked in writing.**

\_\_\_\_\_  
Signature of Patient or Parent/Guardian of Patient Date

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

\_\_\_\_\_  
Legal Representative Relationship Date

**Office Use Only:**  New  Update  Cancel

Verify **full understanding and total completion of form** with patient

Verify ID:  Driver's License  State ID  Legal Documents  Passport  Other: \_\_\_\_\_