

PATIENT AUTHORIZATION FORM

Authorization to Verbally Release Information to Family Members

Many of our patients allow family members such as their spouse, significant other, parents or children to call and request the result of financial and billing information. Under the requirements for H.I.P.A.A. we are not allowed to give this information to anyone without the patient's consent. If you wish to have your financial information released to any family members you must sign this form. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Patient Name: _____ Date of Birth: _____

_____ The person(s) below have permission to obtain or discuss billing information. They also have permission to obtain financial information such as itemized bills or claim forms.

Anderson Regional Medical Center has my permission to discuss the above information with:

Table with 3 columns: Name, Phone Number, Relationship

I understand that I may cancel this permission at any time (by writing to ARMC), but that canceling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my medical provider to share my financial or billing information with someone.

This authorization expires:

[] When I cancel it in writing [] _____ (specify date)

If no expiration date is specified, this authorization will remain in effect until Anderson Regional Medical Center receives written notice to cancel it.

Signature of Patient/Guardian Date Relationship to patient

Witness if patient is unable to sign Date Reason patient is unable to sign

***If authorized representative, please sign and attach copies of supporting legal documentation.

This form is for release of financial and billing information only. If you need medical records, please contact the medical records department at (601)553-6109.



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PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION INFORMATION SHEET

ARMC knows that privacy regulations have an impact on our customer service, especially when it comes to discussing information about you with family, friends, and others you designate who are involved in your care. We have established a process that allows you to tell us who we may talk with about your billing/financial information. This form is limited to billing/financial information only.

How can I give others permission to get verbal information about me?

Complete the Permission to Verbally Discuss Protected Health Information form to let us know to whom we may speak about your information. You may also send us a letter with this information.

How is the information on the form used?

Anytime your designated person calls or makes a request on your behalf, we will verify the individual has your permission to receive the information before we will share the information.

What are some examples of when this might be useful?

- * If an elderly parent wants an adult child to help with billing or financial information
- * If a friend is helping an elderly patient with billing questions
- * If a college student wants information shared with a parent for their billing or financial information

Can the person I designate also get copies of my medical records?

No, they can only receive verbal information. To get copies of medical records, you must complete a separate Authorization form available in the medical records department.

What if I change my mind?

You can change or revoke (stop) this process at any time by writing to us at the address shown below.

What happens if I don't complete this form?

We will continue to protect your private health information as required by law.

Where do I send the completed form or any changes?

Mail to:

Anderson Regional Medical Center
ATTN: Business Office
2124 14th Street
Meridian, Ms 39301

Or fax to:

(601)553-6063



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