



VERBAL RELEASE OF INFORMATION

Providence Medical Group is allowed to give verbal medical information or updates about your condition to your Power of Attorney for Healthcare / Legal Representative as listed in your medical record.

If you wish others, such as a relative or friends, WHO ASK about your condition, the right to be verbally informed about your condition when they ask please list the names of these people on the lines below. Others might include the spouse of the Power of Attorney / Legal Representative, son or daughter, grandchild, niece, nephew, neighbor or friend.

Patient Name: _____ DOB: _____
Place Sticker Here

I, _____ as the patient / legal guardian or
representative; authorize the release of verbal medical information regarding my treatment and care to the
following individuals upon request.

Table with 4 rows and 2 columns: Name, Date of Birth, Relationship, Telephone.

This form should be updated annually, at least, or upon request of the patient.

Signature: _____ Date: _____