Permission to Communicate with Caregivers Form

So that we may serve you better, you have the option of providing us with a list of caregivers with whom we may discuss your health information. You are not required to provide a list or to sign this form.

I _____ give consent to this Novant Health facility to share health information with the people listed below who assist with my care. I understand that this authorization is voluntary. I understand that this lets Novant Health share certain health information. I understand that sensitive information, like HIV and pregnancy test results, mental health or substance abuse will not be shared unless I fill out the "Authorization to Disclose Health or Billing Information" form 900010.

Do not release information about_____

Name	Phone Number	Relationship

_____

Patient/Patient Representative Signature | Date/Time | Print Name

_____

Date of Birth

_____

Witness | Date/Time

❑ Allow release of information to the American Red Cross for communications with family members of the U.S. military, such as notifying service members of family illness or death, including verifying such illnesses for emergency leave requests. The following information may be provided: Physician Name, Diagnosis, Prognosis, Current Condition, Life Expectancy, and a recommendation for leave.

If limited English proficient or hearing impaired, offer interpreter at no extra cost:

❑ Interpreter accepted_____ ❑ Interpreter refused

(Name/Number of Person/Services Chosen/Used)