



CONSENT TO LEAVE MESSAGES/SHARE INFORMATION WITH FAMILY/FRIENDS

I understand that my healthcare information at Seven Oaks Women’s Center is protected and I have received a copy of the Notice of Privacy Practices

I further understand that in order for Seven Oaks Women’s Center to leave **detailed messages containing specific medical information** on my voicemail or answering machine, I need to give permission to Seven Oaks Women’s Center.

Consent for Leaving Messages:

I give consent to SOWC to leave a message on my voicemail/answering machine about my lab test results. **Yes** **No**

I understand that “sensitive” information as noted below will be excluded.

Consent for Shared Information with Family & Friends

The name(s) listed below are family members or friends to whom I grant permission for my health care provider and their representatives at Seven Oaks Women’s Center to verbally discuss my care using their best judgment and grant them permission to disclose health information that is relevant to my care or relevant for payment. **Yes** **No**

Under the HIPAA Privacy Law we are permitted and we may make a professional judgment that certain disclosures are in your best interests even without this signature.

I understand that information is limited to verbal discussions and that no paper copies of my protected healthcare information will be provided without my signature on a Release of Information form.

I understand that some information, as listed below, is considered “sensitive”. I understand that I must check the specific boxes in order for my provider or his/her designee to release any “sensitive” information.

- Mental Health/Psychiatric disorders (including depression)
- Chemical Dependency (drug and/or alcohol abuse/treatment)
- Pregnancy Information
- HIV/AIDS Virus
- Sexually Transmitted Diseases

	<u>NAME</u>	<u>PHONE#</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____

_____ **Date of Birth:** _____
Patient’s Name (PLEASE PRINT)

Patient/Parent Signature

Date

It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships may change over time. This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. I understand that to revoke this consent, I must provide written notice to SOWC.