



## AUTHORIZATION FOR VERBAL COMMUNICATION

Confidentiality is very important to us. Our standard policy is not to provide any information to anyone but you, unless you specifically authorize us to do otherwise. By completing this form, you give Baron Cardiology Group (BCG) staff permission to engage in the following types of VERBAL communication regarding your healthcare:

### ANSWERING MACHINE MESSAGES:

I authorize BCG staff to leave messages on my answering machine:

Agree     Disagree

### COMMUNICATION WITH FAMILY MEMBERS AND/OR OTHER DESIGNATED INDIVIDUALS:

I authorize and give permission to BCG staff to VERBALLY discuss the type(s) of information indicated below with the following designated individuals. I understand this permission does NOT give the designated individuals the right to make healthcare decisions for me.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of information:  Any aspect of my relationship with BCG  Healthcare only  Financial only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of information:  Any aspect of my relationship with BCG  Healthcare only  Financial only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of information:  Any aspect of my relationship with BCG  Healthcare only  Financial only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of information:  Any aspect of my relationship with BCG  Healthcare only  Financial only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of information:  Any aspect of my relationship with BCG  Healthcare only  Financial only

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of information:  Any aspect of my relationship with BCG  Healthcare only  Financial only

**In addition to the specific authorizations granted above, I understand my confidential healthcare information may be disclosed to family members/friends that are present with me in the exam room at the time of examination.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_