





# Permission to Verbally Discuss Protected Health Information: Information Sheet

ACMC 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 medical care. This includes appointment scheduling information, lab and test results, treatment information and billing information.

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

Complete the Permission to Verbally Discuss Protected Health Information form on the reverse side of this page to let us know to whom we may speak about your information. Check the appropriate boxes to indicate what information we may discuss. 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 understand medical treatment instructions
- If an adult child is helping with billing questions
- If a friend is helping an elderly patient with health issues
- If a college student wants information shared with a parent
- If an adult child calls to find out his/her parents appointment time

## **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 at our clinics, by calling 320-231-6711, or at [www.acmc.com](http://www.acmc.com)

## **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. Forms are available at your clinic, or you can obtain a new form at [www.acmc.com](http://www.acmc.com).

## **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:***

ACMC Clinics Corporate Office  
ATTN: Health Information  
101 Willmar Ave SW  
Willmar, MN 56201

### ***Or fax to:***

320-231-6323