



Verbal Release of Information (ROI)

Patient Name

Date of Birth

Virginia Garcia Memorial Health Center (VGMHC) does not allow sharing of your personal health information without your permission unless we are sharing for reasons of treatment, payment, or operations. This Verbal ROI gives us permission to talk to your family and caregivers as needed if you want anyone to be involved in your care.

Permission to Talk to Family Members/Caregivers about your Care

I allow VGMHC staff to talk to the following people about my treatment:

Name and Phone Number: _____ Relationship: _____

Name and Phone Number: _____ Relationship: _____

Name and Phone Number: _____ Relationship: _____

Permission to leave a detailed message

I hereby authorize VGMHC staff to leave a detailed message at the following number:
_____ **-OR-**

I decline. Please do not leave me detailed messages.

Certain health information is sensitive and we need special permission to share it. By initialing the lines below, you are allowing VGMHC to share this protected information:

- _____ Information related to the treatment or diagnosis of HIV/AIDS
- _____ Information related to the treatment or diagnosis of mental health conditions
- _____ Information related to the treatment or diagnosis of drug and/or alcohol abuse
- _____ Information related to the treatment or diagnosis of a genetic condition

- I understand that this form is in effect as long as I am a patient of VGMHC.
- I understand that I may cancel this in writing at any time but that VGMHC cannot take back what has already been shared.
- In order for us to share information with the people listed above, this form must signed and dated.

Signature of Patient/Representative

Printed Name

Date

Relationship to Patient