NORTHWEST ASTHMA & ALLERGY CENTER (NAAC)

CONSENT TO DISCUSS MEDICAL CARE FOR
ADULT PATIENTS ≥18 years of age
(please complete separate Consent to Treat/Discuss for MINORS)

Many of our patients allow family members such as a spouse, parent(s)/legal guardian(s), grandparent(s), sibling(s) or children, or others such as a caregiver or friend to call and discuss medical information, request appointments, prescriptions, vaccine information, medical records, test results, or pick up forms, etc. Under the requirements of HIPAA, we are not allowed to give this information to anyone without a patient's consent. If you wish to have your medical information released to others, please complete this form. Signing this form will only give your consent to release information to the individual(s) listed below.

Patient Name: ____, date of birth_____________________

I authorize Northwest Asthma & Allergy Center to share and/or release my medical information to the following individuals:

PLEASE PRINT ALL NAMES LISTED BELOW. **PLEASE DO NOT LIST PHYSICIANS.**

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

☐ Or, I decline permission to verbally discuss my medical information with others.

☐ I give permission for NW Asthma & Allergy Center to leave detailed medical information at my telephone number(s):

(   )__________________________________ (   )__________________________________

☐ Or, I do not want detailed medical information left on any of my telephone numbers.

I understand that I can cancel this consent at any time (by writing to Northwest Asthma & Allergy Center) but that cancelling it will not affect any information that has already been released.

____ ______________________

Signature of Patient/Authorized Representative Date

If completed by an authorized representative, please sign and attach copies of legal documentation (DPOA).

Please use other side for annual updates.

1.2.18

Annual Updates (office staff to print, have patient review/make changes, initial and date annually)

INITIALS______________ Date:_______________ Reviewed and ☐ Changes made or ☐ Correct as is

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