



AUTHORIZATION FOR DISCUSSION REGARDING TREATMENT

Name: _____ DOB: _____

Chart #: _____

There may be occasions when you want to give another person the ability to discuss your treatment at Orthopedic Institute with Orthopedic Institute personnel (appointments, billing, treatment, prescriptions, etc.)

Examples could include:

- a spouse
- a parent (if you are over 18)
- another family member
- your adult child
- a coach
- nursing home representative
- care provider

This authorization will allow discussion only. This does not authorize release of medical records.

I give my permission for Orthopedic Institute personnel to share information verbally regarding my treatment at Orthopedic Institute with the following person(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signed _____ Date _____

For Staff Use Only: Permission via phone call

Verbal permission given to: _____
(Employee) (Date)