

Permission to Communicate with Family and Friends Form / Voicemail

So that we may serve you better, you have the option of providing us with a list of family and friends with whom we may discuss your health information. You are **not required** to provide a list or to sign this form.

By signing this form I give consent to this Novant Health facility to discuss health information with the people listed below who assist with my care. **If I do not want certain information discussed, I have listed it below.** I understand that sensitive information, like HIV and pregnancy test results, mental health or substance abuse will not be shared unless I fill out the "Authorization to disclose Health or Billing information" form 900010.

Do not discuss information about _____

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

FOR FACILITY USE ONLY: I have set up a password or PIN code for my family and friends to receive information over the phone during my inpatient stay. The password is _____.

<input type="checkbox"/>	I give Novant Health Permission to leave Normal Lab/Test results on my answering machine/Voice mail.
<input type="checkbox"/>	I Do Not give Novant Health Permission to leave any Lab/Test results on my answering machine/Voice Mail.
<input type="checkbox"/>	I give Novant Health Permission to leave my PT/INR results on my answering machine/Voice mail.
<input type="checkbox"/>	Allow release of information to the American Red Cross for communications with family members of the U.S. military, such as notifying service members of family illness or death, including verifying such illnesses for emergency leave requests. The following information may be provided: Physician Name, Diagnosis, Prognosis, Current Condition, Life Expectancy, and a recommendation for leave.

Patient/Patient Representative Signature	Date/Time	Print Name
Date of Birth		
Witness	Date/Time	

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



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