

Consent to Discuss Medical and/or Billing Information with Others

Richmond Family Medicine, including its providers, staff and covered representatives are restricted from discussing any aspect of your care with friends or family members. These restrictions are in place due to State and Federal regulations, including HIPAA, and are ultimately intended to protect your privacy. There are circumstances where you may wish for us to have open communication with one or more individuals to help support you in your medical treatment, and we will be happy to support that request with this signed consent.

Statement of Consent to Discuss:

By signing this release form I, _____ (patient name) do hereby give permission for Richmond Family Medicine's Providers and Staff to discuss issues related to my health care with the following person:

Name of authorized party

Relation to Patient

I understand that this permission applies to any and all aspects of my medical care and would like to further specify this permission **EXCLUDE** the following data:

- Billing information
- Mental health and/or substance use history
- Lab results
- Imaging results
- Other: _____

- Additionally, I wish to designate the individual named above as an "Authorized Representative" for my patient portal account. I understand once granted an account, this individual will have COMPLETE access to my electronic patient chart.

Patient initials (required): _____ NOTE – if exclusions exist, this access cannot be granted

Patient Signature: _____ Date: _____
Printed Name: _____ Date of Birth: _____
Expiration date for Consent: _____ or check here for no expiration: *

** Forms older than one year may require renewal as circumstances evolve*

Staff Witness Name: _____ If not completed in office, this form must be certified by an unrelated Notary Public:

State of _____, County of _____ On this _____ day of _____, 20____
_____ did prove to me his/her identity
through satisfactory evidence and this instrument was signed or attested before me:
Printed Name & Signature: _____ . Commission expires _____