SHAW CANCER CENTER
VAIL HEALTH
A service of Vail Health Hospital

AUTHORIZATION FOR VERBAL DISCUSSIONS

RELATING TO PRIVATE HEALTH INFORMATION

PATIENT INFORMATION

PLEASE RETURN BY FAX TO (970) 470-6403

Patient's Last Name	First	Middle	Date of Birth

Street Address	Social Security Number	Home Phone Number

P.O. Box	City	State	Zip

THIS CONSENT GIVES STAFF AT THE SHAW CANCER CENTER AUTHORIZATION FOR VERBAL DISCUSSIONS TO BE HELD RELATING TO MY PRIVATE HEALTH INFORMATION TO THE FOLLOWING DESIGNEES:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

This Consent/Authorization will remain in effect for 180 days from the date signed.

I authorize Vail Health to release the health information described above and understand that:

1. Information disclosed pursuant to this Consent/Authorization may include information relating to sexually transmitted disease, AIDS/HIV, and physiological or psychiatric conditions, unless restricted as follows:

2. Once information is disclosed pursuant to this signed Consent/Authorization, I understand that the federal privacy law (45 C.F.R parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from disclosing it.
3. I may revoke this Consent/Authorization at any time, except to the extent that action has been taken in reliance on it. To revoke it, I must provide the Privacy Officer – at the address listed at the bottom of this form – with a written revocation which will not be effective until received and approved by the Privacy Officer.
4. I may refuse to sign this Consent/Authorization and this refusal will not affect the treatment Vail Health provides to the patient, unless the patient is seeking health care services solely for the purpose of creating health information for disclosure to a third party.

Signature of Patient, Parent or Legal Representation	Date

If signed by Legal Representative, Legal Representative's authority to act on behalf of patient.