



Department of Endocrinology & Metabolism
George Moore, M.D. FACP, FACE
1909 214th St SE, Suite 211
Bothell, WA 98021
425-420-1650 Phone 425-420-1651 Fax

Authorization of Verbal Disclosure and Protected Health Information

Due to recent implementation of the new Federal guidelines known as HIPAA, we are required to have your signature to verbally discuss any protected health information with persons not directly involved in your health care. (i.e. family members, caregivers)

I hereby give my authorization for verbal disclosure of my protected health information to be disclosed to:

Name of Person _____

Relationship to you _____ Phone _____

Name of Person _____

Relationship to you _____ Phone _____

Name of Person _____

Relationship to you _____ Phone _____

Name of Person _____

Relationship to you _____ Phone _____

Patient Signature _____ **Date** _____