Guillermo Köhn MD, LLC
MiamiGlobal OBGYN

4308 Alton Rd, Suite 740 | 777 East 25th St, Suite 212
Miami Beach, FL 33140 | Hialeah, FL 33013
Office: (305) 694-9800 Fax: (305) 694-9881
www.drkohn.com

Permission to Verbally Discuss Protected Health Information with Family and Friends

—Completion of this form is optional—

Patient name	Date of birth	Medical record number, If known	
Home street address:	City	State	ZIP
Home phone	Work phone		

I give permission to my health provider Dr. Guillermo Köhn and staff to VERBALLY share the information I have checked with the family, friends or others that I have identified below as being involved in my health care, care coordination or payment of my healthcare. *(Check all boxes that apply)* This form <u>does not authorize releasing copies of my records.</u>

- ☐ Scheduling/Appointment information
- ☐ Medical information, including my symptoms, diagnosis, medications and treatment plan
- ☐ Behavioral health information, including my symptoms, diagnosis, medications and treatment plan
  - Substance use disorder
  - Developmental disability
- ☐ Lab/test results (_ _ _ check here to include HIV results)
- ☐ Billing and payment information
- ☐ Other (describe): _____

My health care provider and his staff has my permission to discuss the above information with the following family, friends and other people. This information is directly relevant to their involvement in my health care (or payment for that care).

1. Name: _____
   Street address: _____
   City, State, Zip: _____
   Home phone: _____Work phone: _____

1. Name: _____
   Street address: _____
   City, State, Zip: _____
   Home phone: _____Work phone: _____

I understand that in certain situations my health care provider and his staff may speak to other individuals who are involved in my care or payment of that care, if permitted by law, which may not be identified on this form.

I understand that I have the right to revoke my permission at any time except where my health provider has already made disclosures in reliance upon this request. **I understand this permission remains in effect until the time I revoke it in writing.**

Signature of Patient/Authorized Representative X _____ Date _____

If other than patient, state relationship and authority to sign _____

—Information sheet on page 2—

Guillermo Köhn MD, LLC
MiamiGlobal OBGYN

4308 Alton Rd, Suite 740 | 777 East 25th St, Suite 212
Miami Beach, FL 33140 | Hialeah, FL 33013
Office: (305) 694-9800 Fax: (305) 694-9881
www.drkohn.com

Permission to Verbally Discuss Protected Health Information with Family and Friends Information Sheet

We have established a process that allows you to tell us who we may talk with about your health care. This includes appointment and scheduling information, lab and test results, treatment information and billing information.

How can I give others permission to get verbal information about me?
Complete the Permission to Verbally Discuss Protected Health Information form on the reverse side of this page to let us know to whom we may speak about your information. Check the appropriate boxes to indicate what information we may discuss. You may also send us a letter with this information.

Does this mean that you will not speak to anyone I haven't specifically named on the form?
No. If permitted by law, the provider Dr. Guillermo Köhn and his staff may speak to other individuals involved in your care (or payment for that care).

How is the information on the form used?
Anytime your designated person calls or makes a request on your behalf, we will verify the individual has your permission to receive the information and then we will share the information.

What are some examples of when this might be useful?
- If an individual wants to share information with spouse or significant other
- If an elderly parent wants an adult child to help understand medical treatment instructions
- If an adult child is helping with billing questions
- If a friend is helping a patient with health issues
- If a college student wants information shared with a parent
- If an adult child calls to find out his/her parent's appointment time

What if I change my mind?
You can change or revoke (stop) this process at any time by calling us or sending a letter to request a new authorization form.

What happens if I don't complete this form?
We will continue to protect your private health information as required by law.

Can the person I designate also get copies of my medical records?
No, they can only receive verbal information. To get copies of medical records, complete a separate Authorization form available by contacting your primary clinic/facility.

Where do I send the completed form or any changes?
Please send by mail or fax the completed form or any changes to our office location listed below.
Note: If you need to obtain copies of your health records, contact our office using the address or phone number listed below.

Guillermo Köhn, MD LLC
Miami Global OBGYN
777 East 25th Street, suite 212,
Hialeah, FL 33013
Or
Guillermo Köhn MD LLC
Miami Global OBGYN
4308 Alton Rd. Suite 740
Miami Beach, FL 33140

Phone: 305-694-9800
Fax: 305-694-9881