LEXINGTON Women's Care West Columbia
A Lexington Medical Center Physician Practice

MEDICAL RECORDS
Lexington Medical Center

Lexington Medical Park 3
155 North Hospital Drive, Suite 300
West Columbia, SC 29169
Phone: (803) 936-8100 • **Fax:** (803) 936-8130
LexingtonWomensCare.com

Patient Directed Agreement for Verbal Release of Protected Health Information

Patient Name:_____

Date of Birth:_____ / _____ / _____

I agree and offer no objection to the verbal release of protected health information by the above named provider to the persons indicated below:

PERSON / ENTITY	RELATIONSHIP	TELEPHONE NUMBER

1) I understand that this agreement will **expire 12 months** from the date of signature.

2) I understand that I may object to any future disclosures of information by revoking this agreement. I can revoke this agreement at any time by contacting the above named provider/practice either in writing or in person.

3) Revocation will not apply to information that has already been disclosed.

_____ _____
Signature of Patient or Authorized Person Date

_____ _____
Relationship Reason Patient is Unable to Sign

If the patient is not present or is unable to agree or object to the use or disclosure of protected health information because of incapacity or an emergency circumstance, the practitioner may use professional judgment to determine whether the disclosure is in the best interest of the individual and if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. The practitioner may also use professional judgment, experience with common practice and the best interest of the patient in also allowing the listed individuals to act on behalf of the patient to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.