



**John W. Davis, Ph.D., ABPP**

**Jessica W. Shenese, Ph.D.**

**Kathleen T. Payne, Ph.D.**

273 Azalea Road, Suite 2-413

Mobile, Alabama 36609

Tel. (251)343-0566, Fax (251)343-0120

www.MobileBayAreaPsychology.com

### **PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION**

At times, discussing information about your treatment here with family or other providers may be necessary or helpful. Please complete the following form to indicate your (non)permission to do so.

**I give permission to Bay Area Psychology and Counseling to VERBALLY discuss the following medical and billing information about me (*check all that apply*):**

- Scheduling and/or Appointment Reminders
- Behavioral Health Information, including my symptoms, diagnosis, medications and treatment plan
- Billing/Payment Information
- Substance Abuse Information, including my symptoms, diagnosis, medications and treatment plan
- Evaluation Results

**Bay Area Psychology and Counseling has my permission to talk to (check or fill out what applies):**

- NO one, other than myself unless medically necessary or otherwise as specified by HIPPA regulations.
- Anyone that is involved in my treatment plan, including family, other providers, etc.
- Anyone as described above EXCEPT:
  - 1 \_\_\_\_\_
  - 2 \_\_\_\_\_
  - 3 \_\_\_\_\_

I understand that I have the right to revoke my permission at any time except where Bay Area Psychology and Counseling has already made disclosures in reliance upon this request. I understand that I must notify Bay Area Psychology and Counseling in writing if I wish to alter my permissions as requested above.

X \_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date