

Communication with Family and Others about Your Care and Permission to See Your Medical Record

Name _____ Date of Birth _____ Medical Record Number _____

List family members or others you want to be involved with coordinating your care or payment for care at Vanderbilt University Medical Center (VUMC). Be sure to check the box to show which kinds of information may be shared with each person. If anyone listed below works at VUMC, you can show whether you want that person to see your medical record by checking, or not checking, the "view my medical record" box.

1. Name _____ Phone _____

Relationship to patient _____ Expiration Date _____

This person has permission to:

- communicate with my health care providers know about billing and insurance know about and schedule appointments view my medical record

2. Name _____ Phone _____

Relationship to patient _____ Expiration Date _____

This person has permission to:

- communicate with my health care providers know about billing and insurance know about and schedule appointments view my medical record

If you give us a code word, we will ask the people listed above for the code before we give any information about you to them. **Your Code Word** _____

We will use the information on this form when communicating with family members or others involved in your care unless you ask for a change. It is your responsibility to tell Medical Information Services right away if you have a change in marital status, child custody arrangements, or other life events that affect this permission.

Signature of Patient or
Legal Representative _____ Date _____

Relationship to Patient _____

You may get a copy of this completed form.

To cancel or change this permission, send a written request with a copy of this form to:

Vanderbilt University Medical Center
Medical Information Services – Release of Information
4560 Trousdale Drive, Suite 101
Nashville, TN 37204-4538

If you have any questions, call VUMC Medical Information Services at (615) 322-2062.