IOWA STATE UNIVERSITY
Thielen Student Health Center

2647 Union Drive
Ames, Iowa 50011
Phone: 515-294-5801
Fax: 515-294-5457

Consent for Verbal Communication

Patient Information:

Patient Name (Last, First, Middle, Maiden):	
Current Address (include City, State, Zip):	
University ID#:	Date of Birth (MM/DD/YYYY):
Phone #:	Email Address:

I hereby authorize Thielen Student Health Center to provide detailed verbal information regarding my healthcare information, including but not limited to appointments, medical care, test results and billing information to the following individuals:

	Name:	Address:	Phone:	Relationship:
1.				
2.				
3.				
4.				

Further, I agree and understand:

1. This authorization may be revoked at any time by notifying TSHC in writing except to the extent that action has been taken in reliance on it.
2. The information disclosed may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy rules.
3. This agreement will expire one year from the date of signature below, unless previously revoked or otherwise indicated here: _____

Patient's Printed Name

Today's Date (MM/DD/YYYY)

Signature of Patient