PCHC
Penobscot Community Health Care

Caregiver Communication Form

Who Can We Talk to About Your Care?

(This is NOT A RELEASE of records form)

This form DOES NOT allow us to provide a copy of your medical records to the people listed below, or to anyone else, nor does it allow them to make any medical decisions for you.

This form DOES NOT allow us to talk with anyone about substance use disorder or mental health treatment, or about HIV/AIDS status or testing. To release that type of medical information about you to anyone, the law requires that we have a written authorization that specifically permits us to do that.

This form asks you to tell PCHC who, besides you and your provider(s), may be involved in your care, so that PCHC may speak with them when it is *directly relevant* to their role in your care or in payment for your care. Other persons involved in your care may include a spouse/partner, family member, or friend. Examples of the items we may speak with the person(s) you list on this form maybe include:

- ✓ dates and times of your upcoming appointments
- ✓ your medication and prescription refill information
- ✓ information about your lab results
- ✓ the status of referrals
- ✓ other care coordination concerns

I give PCHC staff permission to TALK to the following people about my care:

1. _____ / _____ / _____
   Name | Relation to You | Phone Number

2. _____ / _____ / _____
   Name | Relation to You | Phone Number

3. _____ / _____ / _____
   Name | Relation to You | Phone Number

This form will stay in effect for 30 months, unless revoked by you in writing before that time.

_____ ____/____/____
Patient Name (PLEASE PRINT) Today's Date

_____
Patient's Signature (Parent or Legal Guardian signature, if a minor)

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