Request for Open Communication – Health Information

QMG Foundation is committed to patient privacy. Information is released according to our Notice of Privacy Practices. This release only allows verbal communication. Written documentation will not be given out. In order for staff to speak with those you designate, this written permission form should be completed and returned to any staff member. Protected Health Information (PHI) must be specifically identified for release.

Patient Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

By providing your signature, you indicate your consent to open communication with vendors of your attached statements and the QMG Foundation team. Please list any personal relationships that would be allowed to discuss your application with the QMG Foundation team.

Name	Relationship to you	Phone Number
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I understand that there is no expiration date on this request. If at any time I wish to revoke this request, I must notify the QMG Foundation to complete a new form. I will be notified in writing if this request is denied. I understand that I can receive a copy of this form for my records if requested.
Please feel free to contact the office at 217-222-6550 x6742 with any questions.

Signature of Patient or Legal Representative	Date