

CAROLINAS HOSPITAL SYSTEM
Florence, South Carolina

SUBJECT: 04.005 - Verbal Information Release; Telephone/Visiting Consent Form DEPARTMENT: Geropsychiatry	Approvals:
Effective Date: June 15, 2007	MultiDepartmental/Committee/Medical Staff Approval Date/Title
Reviewed Date:	
Revised Date:	Administrative Approval:
Deleted Date:	

1.0 PURPOSE

Information regarding the identity, diagnoses, prognosis, or treatment of all patients is confidential and cannot be disclosed without proper consent.

2.0 POLICY

The maintenance of confidentiality of communications between patients and of all information recorded in patient's records is the responsibility of all staff.

3.0 PROCEDURE

- A. Staff will obtain a written consent form prior to any verbal information being disclosed about the patient's presence, treatment and physical status.
- B. Staff will use an approved Verbal Information Release, Telephone, and Visiting Consent Form(s) to obtain said consent