



DR. JEFF DONOVAN

DERMATOLOGIST, SPECIALIZING IN HAIR LOSS

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CONSENT TO DISCUSS MY MEDICAL INFORMATION WITH ANOTHER PERSON – PARTLY OR FULLY

Dear Patient,

I look forward to speaking with you soon about your hair and health. ***If you feel that it would be helpful to designate that another person lead part of your upcoming meetings or even lead all of the meeting kindly complete the attached form. This will be important if you feel that you might be absent during part or all of any upcoming or future meeting.***

If another person is present with you during your appointment, I will assume that you are consenting to them being present. I don't really need any forms signed in this specific case. The purpose of these forms is for me to understand if you give me permission to speak with another person about your health when you are not present.

I do need your permission if you allow me to discuss your health and medical file with another person.

Thank you for completing the attached form in full.

I take issues related to privacy of personal health information seriously – and thank you for your help in understanding how best to treat your health information.

Yours truly,

Jeff Donovan MD Dermatologist

PERMISSION FOR DR DONOVAN TO DISCUSS MY HEALTH WITH ANOTHER PERSON

PATIENTS ARE REQUIRED TO FILL OUT THIS FORM IN FULL. PLEASE DO NOT LEAVE ANY SPACE BLANK. USE A SEPARATE FORM FOR EACH SPECIALIST

Dear Doctor Donovan,

My name is _____ and my date of birth is _____

_____. I hereby give permission for you to discuss my health and hair loss with the following person, or people, in the manner indicated:

PERSON 1

NAME OF PERSON: _____

RELATIONSHIP OF PERSON TO ME: _____

DATE OF BIRTH OF THE PERSON: _____

Please check **ONE** of the following:

☐

I give Dr. Donovan consent to discuss ALL of my health with this person listed above even if I am not present during the appointment. I am also okay with this person speaking to Dr. Donovan privately at any time over the next 6 months about my health - even if I am not able to attend the appointment or be present for the call. I place no restrictions on the conversations Dr. Donovan has with the above person although I understand that in the end all decisions about treatment will be up to me. I am the primary decision maker of my health.

☐

I give Dr. Donovan consent to discuss ALL of my health with this person listed above but I **MUST** be present when he is discussing any aspect of my health. I do not permit Dr. Donovan to speak to this person about my health when I am not present.

☐

You can discuss ALL of my health with this person **EXCEPT** for these issues:

but I must be present when you are discussing any aspect of my health.

PERSON 2

NAME OF PERSON: _____

RELATIONSHIP OF PERSON TO ME: _____

DATE OF BIRTH OF THE PERSON: _____

Please check **ONE** of the following:

☐

I give Dr. Donovan consent to discuss ALL of my health with this person listed above even if I am not present during the appointment. I am also okay with this person speaking to Dr. Donovan privately at any time over the next 6 months about my health - even if I am not able to attend the appointment or be present for the call. I place no restrictions on the conversations Dr. Donovan has with the above person although I understand that in the end all decisions about treatment will be up to me. I am the primary decision maker of my health.

☐

I give Dr. Donovan consent to discuss ALL of my health with this person listed above but I **MUST** be present when he is discussing any aspect of my health. I do not permit Dr. Donovan to speak to this person about my health when I am not present.

☐

You can discuss ALL of my health with this person **EXCEPT** for these issues:

but I must be present when you are discussing any aspect of my health.

PERSON 3

NAME OF PERSON: _____

RELATIONSHIP OF PERSON TO ME: _____

DATE OF BIRTH OF THE PERSON: _____

Please check **ONE** of the following:

☐

I give Dr. Donovan consent to discuss ALL of my health with this person listed above even if I am not present during the appointment. I am also okay with this person speaking to Dr. Donovan privately at any time over the next 6 months about my health - even if I am not able to attend the appointment or be present for the call. I place no restrictions on the conversations Dr. Donovan has with the above person although I understand that in the end all decisions about treatment will be up to me. I am the primary decision maker of my health.

☐

I give Dr. Donovan consent to discuss ALL of my health with this person listed above but I **MUST** be present when he is discussing any aspect of my health. I do not permit Dr. Donovan to speak to this person about my health when I am not present.

☐

You can discuss ALL of my health with this person **EXCEPT** for these issues:

but I must be present when you are discussing any aspect of my health.

I understand this consent will last 6 months. I understand that I can refuse to sign this consent form. However, I understand that Dr. Donovan will not discuss my medical file with the above individual in that case.

X _____

SIGNATURE OF PATIENT

FULL NAME OF PATIENT

TODAY'S DATE

This form confidential and intended only for the named recipient(s). Any unauthorized use or disclosure is strictly prohibited.

