



TRAIL Medical Communication Policy

Purpose:

To state TRAIL's policy on communicating medical information with individuals whom a TRAIL member identifies for this purpose.

Policy:

- a. Medical information is not shared with the TRAIL organization. Medical information documented by TRAIL's Medical Advocacy Volunteer belongs to and is left with the member.
- b. A TRAIL Medical Advocacy Volunteer may share medical information only as determined and documented by the member.
- c. TRAIL's Medical Advocacy Volunteer is responsible for working with the member to complete the Medical Communication Form when appropriate and for ensuring TRAIL has a copy of this form.

Procedures:

1. Medical information documented by TRAIL's Medical Advocacy Volunteer is left with the member.
2. Medical Advocacy Volunteers may share designated information with individuals only as instructed by the member on the Medical Communication Form.
3. Completed Medical Communication Forms are sent to TRAIL for secure, confidential storage. TRAIL ensures the original form is returned to the member.



MEDICAL COMMUNICATION FORM

I, _____ give permission for TRAIL
(member name)

Volunteer _____ to discuss my medical information as indicated:

____ All my medical information

____ All my medical information pertaining to _____

____ All my medical information with the exception of substance abuse

____ All my medical information with the exception of mental health

____ Other: _____

Please share this information with the following individual(s):

I understand that this information will only be shared with the specific individuals noted below.

Name(s): _____

How are they to be reached?

Member signature _____ Date _____

TRAIL Volunteer signature _____ Date _____

_____ Copy to TRAIL office
_____ Date