THE CANCER & HEMATOLOGY CENTERS

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name: _____ **Date of Birth:** _____

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Many of our patients allow other people such as their spouse, parent(s), grandparents, guardians, or friends to discuss their medical/billing information, request prescriptions, vaccine information, medical records and results of tests also pick up forms, etc. Under the requirements of the Health Insurance Portability and Accountability Act (HIPAA), we are not permitted to release this information to anyone without the patient's consent. If you wish to have any of your medical information released to family members or friends, you must complete and sign this form.

USE & DISCLOSURE OF HEALTH INFORMATION

I authorize The Cancer & Hematology Centers to release my records and any information requested to the following individuals:

Name	Phone Number	Relationship	Emergency Contact
			☐
			☐
			☐
			☐

- I understand I must sign a separate authorization form releasing copies of my medical record to another individual.
- I understand I have the right to revoke my permission at any time except where The Cancer & Hematology Centers has already made disclosures in reliance upon this request. I understand this this permission remains in effect until the time I revoke in writing.

SIGNATURE

By signing this document, you are agreeing that you have read, received, and understood all parts of this document and are consenting to the disclosure of your medical information to the persons listed above.

Patient Signature: _____ **Date:** _____

PATIENT REPRESENTATIVE

If you are a patient representative, sign, and date this form below. Please check the box that describes your relationship to the patient. If you are not the parent of the patient, we request proof of your relationship for our records (i.e., power of attorney, personal representative documentation, etc.).

Patient Representative (Printed): _____

Patient Representative Signature: _____ **Date**: _____

☐ Parent of minor child ☐ Legal Guardian ☐ Power of Attorney ☐ Executor ☐ Other _____