

Associated Medical Specialists, PA d/b/a Coastal Cancer Center
CHANGE OF Authorization for Release of Information to Family and/or Friends

Patient Name: _____ Chart No.: _____

Associated Medical Specialists, PA – d/b/a/ Coastal Cancer Center is authorized to release protected health information about the above named patient to the authorized people named below. This will enable Coastal Cancer Center to best coordinate your healthcare.

<u>Print name</u>	<u>Relationship/Phone #</u>	Please circle the information each person may receive:
_____	_____	CLINICAL APPOINTMENT FINANCIAL
_____	_____	CLINICAL APPOINTMENT FINANCIAL
_____	_____	CLINICAL APPOINTMENT FINANCIAL

If you have additional people that you would like to receive information, please give them your passcode

If you have an answering machine or voice mail, may we leave a message regarding the following? **Y N**

Please circle each one signifying your consent CLINICAL APPOINTMENT FINANCIAL

Emergency Contact: Name _____

Relationship _____ Phone: Home () _____

Cell () _____ Work () _____

Rights of the Patient

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed, but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing this authorization.

This authorization shall be in effect until revoked in writing by the patient or the patient's representative.

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority (attach necessary documentation)

Coastal Cancer Center Witness

Date