



F00073

ROSWELL PARK
COMPREHENSIVE CANCER CENTER
ELM & CARLTON STREETS
BUFFALO, NY 14263

**Consent for Verbal Communication
of Medical Information**

ADDRESSOGRAPH

I authorize the discussion of my medical record information including the diagnosis, findings of exams and procedures; and billing claims information. Please limit to 3 contacts.

1. Name: _____ Ph: _____ Relationship: _____
2. Name: _____ Ph: _____ Relationship: _____
3. Name: _____ Ph: _____ Relationship: _____

Information is not to be discussed with anyone.

This *Consent for Verbal Communication of Medical Information* will remain in effect until terminated or changed by me in writing.

Messages

Please call my: Home: _____ Work: _____ Cell Number: _____

If unable to reach me:

- Please leave a message asking me to return your call
- Other, please specify _____

Signed: _____ Date: ____/____/____ Time: _____ AM PM

Print Name: _____

Send Completed Form to the HIM Department for Scanning