



This form is to be used for the purpose of authorizing someone other than yourself to communicate with our staff with regard to your medical information. (See reverse side for instructions.)

1. Patient providing Authorization (PLEASE COMPLETE IN FULL)

Name - Last, First, MI		
Street Address (and mailing if different)		Telephone # (xxx) xxx-xxxx
City	State:	Postal Code
Date of Birth mm/dd/yyyy		

2. The person listed below is authorized to speak with UCBC regarding my medical information:

Name - Last, First, MI		
Street Address (and mailing if different)		Telephone # (xxx) xxx-xxxx
City	State:	Postal Code
Date of Birth mm/dd/yyyy		

Additional person listed below is authorized to speak with UCBC regarding my medical information:

Name - Last, First, MI		
Street Address (and mailing if different)		Telephone # (xxx) xxx-xxxx
City	State:	Postal Code
Date of Birth mm/dd/yyyy		

Relationship: Spouse/Partner Child Power of Attorney Other _____
 Parent Sibling Friend

3. INFORMATION TO BE DISCUSSED:

- All Information (including telephone/verbal communication and email)
- ONLY for the following subject: _____
- All information EXCEPT the following subject: _____

4. This authorization will remain in effect until revoked by you in writing.
 If you wish to limit the duration of this authorization, please specify end date: End Date _____

5. I authorize UCBC to disclose my medical information in accordance with the specifications listed above. I will receive/retain a copy of this authorization. I understand that this consent **DOES NOT INCLUDE THE RELEASE OF MEDICAL RECORDS** without a signed Patient Authorization form which is an additional document that must be signed by the patient.

6. Signature of Patient: _____ Date: _____

Witnessed by: _____ Date: _____

**ADDITIONAL INFORMATION REGARDING
CONSENT TO DISCLOSE PATIENT MEDICAL INFORMATION**

Privacy regulations require your health care team not divulge any information to unauthorized persons.

Family Members

In today's world, it is common for a spouse or partner to arrange appointments for their family members, to check if they should come back for a follow-up, etc. However, it is not permissible for a spouse to act on their spouse's behalf unless authorized. For this, we require **written consent** to be on file.

Revocation

You have the right to revoke this authorization, in writing, at any time before it ends. However, your written revocation will not affect any disclosures of your medical information that have already been made, in reliance of this authorization, before the time you revoke it. It may not be effective in certain circumstances where the insurer is contesting a claim. Your revocation must be made in writing and addressed to:

Privacy Officer, University Cancer & Blood Center
3320 Old Jefferson Road | Building 700
Athens, Georgia 30607

Signatures

You are the only person who is permitted to sign a form to authorize the disclosure of your medical information. A spouse, parent or guardian cannot authorize disclosure of medical information for you unless they have legal rights to do so.

THIS FORM MUST BE SIGNED BY YOU, THE AUTHORIZING PATIENT, AT ONE OF OUR LOCATIONS BELOW. SHOULD YOU BE UNABLE TO ATTEND IN PERSON, PLEASE CONTACT ONE OF OUR OFFICES BELOW. THE SIGNED FORM WILL BE ADDED TO YOUR MEDICAL RECORDS.

 <p style="font-size: 2em; font-weight: bold; margin: 0;">UCBC</p> <p style="font-weight: bold; margin: 0;">UNIVERSITY CANCER & BLOOD CENTER</p>	<p><u>Athens - Clarke County</u> 3320 Old Jefferson Road, Building 700 Athens, GA 30607 Phone: (706) 353-2990 Fax: (706) 353-2992</p>
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<p><u>Covington - Newton County</u> 4181 Hospital Drive Suite 202 Covington, Georgia 30014 (Enter through back of building)</p>	<p><u>Eatonton - Putnam County</u> 119 Harmony Crossing Suite 1 Eatonton, GA 31024</p>	<p><u>Lavonia - Franklin County</u> 355 Clear Creek Parkway Suite 2007 Lavonia, GA 30553</p>
<p><u>Monroe - Walton County</u> 2151-B West Spring Street Suite 200 Monroe, Georgia 30655</p>	<p><u>Toccoa - Stephens County</u> 1656 Falls Road, Suite B Toccoa, GA 30577</p>	<p><u>Winder - Barrow County</u> 20 Satellite Drive, Suite 200 Winder, GA 30680</p>