



Faith Cancer Support of Cabot, Inc.

301 Bill Foster Memorial Hwy
P.O Box 487
Cabot, AR 72023
(501) 737-0927

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and use of health information about you. Failure to provide all information requested may invalidate this authorization.

Patient Name: _____

Date of Birth: _____

USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize _____ to release to Faith Cancer Support of Cabot, Inc., 301 Bill Foster Memorial Highway, P.O. Box 487, Cabot, AR 72023 the following health information of my cancer diagnosis and treatment.

1. Cancer Diagnosis: _____

2. Date Diagnosed: _____

3. Medical Treatment Plan:

- Chemotherapy Radiation Surgery
(please list below) (please list below)

PURPOSE

The information is needed for the purpose of verifying the patient's diagnoses and treatment plan. Patients requesting release of health information are applying for financial assistance offered through Faith Cancer Support of Cabot, Inc., a 501(c)(3) Christian nonprofit dedicated to supporting individuals battling cancer.

RIGHTS AND EXPIRATION

1. I understand that Faith Cancer Support of Cabot, Inc. is not a health care provider or health plan covered by federal privacy regulations. However, all information obtained will be kept strictly confidential.
2. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or obtain a copy of any information used/disclosed under this authorization.
3. I understand that I may revoke this authorization in writing at any time by delivering a copy of my revocation to _____ to the extent that action has been taken in reliance on this authorization.
4. This authorization expires: 1 year from date signed.

Signature of Patient or Representative

Date

Phone Number

Relationship to Patient

Authorized Medical Representative

Signature of Medical Representative