

Consent for Release OF MEDICAL INFORMATION



I hereby consent Frederick Health Cancer Services to discuss my ongoing medical care with the following named individual(s) listed:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

I understand that I may be contacted by Frederick Health and/or its affiliates on my cellular or home phone, which may include the use of pre-recorded/artificial voice messages, and/or an automated dialing device ("auto dialer") or by text message or email in connection with any communication made to me or related to my accounts even if I am charged for the call under my phone plan.

YES! I would like to receive emails and/or text message reminders of my upcoming appointments.

YES! I would like to receive emails about news and special events held at the James M Stockman Cancer Institute.

Email: _____

Cellular Phone Number: _____ Cell Phone Provider: _____

Signed: _____

Printed Name: _____ Date: _____

This form is to be updated yearly. Should any of the above information change, notify this office as soon as possible. Thank you.

Review Date: _____ Initials: _____