



**Columbus Oncology
& Hematology**
Serving Ohio Since 1987

Jasonway Cancer Center
810 Jasonway Ave.
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Dublin Cancer Center
6700 Perimeter Drive
Dublin, Ohio 43016-8063

Westerville Cancer Center
300 Polaris Pkwy, Suite 330
Westerville, Ohio 43082-7813

CONSENT TO RELEASE PROTECTED HEALTH INFORMATION TO FAMILY AND FRIENDS

I authorize the Columbus Oncology Associates, Inc (“COA”) to discuss appointment dates, times, location, medical history, diagnosis, treatment, prognosis, financial, insurance and billing information with those listed below. I understand that my health care provider will use his/her judgment in sharing this information in order to foster continuity of care. The release of copies of medical records will require a signed authorization. This permission will be considered ongoing until I indicate otherwise in writing.

My Protected Health Information may be released to the following individuals:

- 1) Name: _____ Relationship: _____ Phone: _____
- 2) Name: _____ Relationship: _____ Phone: _____
- 3) Name: _____ Relationship: _____ Phone: _____
- 4) Name: _____ Relationship: _____ Phone: _____

COA STAFF HAVE MY PERMISSION TO LEAVE MESSAGES CONCERNING TREATMENT (i.e., LAB RESULTS) on my:

(Please check all boxes that apply)

Home Voice Mail. Home Phone number: _____

Cell phone. Cell phone number: _____

Work Voice Mail. Work phone number: _____

NO INFORMATION: I do not authorize the release of any verbal information (other than appointment reminders to the number(s) that I have provided.

Print Name of Patient/Authorized Representative

Patient Date of Birth

Patient/Authorized Representative Signature

Date Signed

Authorized Representative’s authority* to act on the Patient’s behalf:

- Parent/legal guardian Power of Attorney

*Evidence of authority must be provided and on file with COA.