

“AUTHORIZATION TO DISCLOSE HEALTH INFORMATION”

WHAT THIS FORM MEANS TO YOU:

- ⇒ We will be giving the drug company your medical information so that they can contact your insurance company on the behalf of ETCB (our office).
- ⇒ This will be used to insure that our insurance company pays for the drugs you receive in our office.
- ⇒ The drug company **will not disclose** your **personal** information to anyone but ETCB and your insurance company even after this form expires.

YOUR RIGHTS:

- ⇒ You do not have to sign this form.
 - However, you **may be held responsible for payment of the drug.**
 - East Tennessee Cancer & Blood **will not** deny services on this basis.
- ⇒ If you do not sign this form, you can revoke (take back) it later.
 - To revoke you must send ETCB a **certified** letter.
 - No further disclosures will be given to the drug company; however, those that have already been sent will be completed.