

Patient: _____

Chart#: _____

East Tennessee Cancer & Blood Center

1406 Tusculum Blvd. Suite 2000
Greeneville, TN 37745

110 Corporate Drive, Suite 120
Johnson City, TN 37604

Release of Protected Information

Please answer the following question with a “YES” or “NO” in the blank provided.

- 1. You may call my home to remind me of appointments, to give me the results of my diagnostic testing or other health information. _____
- 2. You may leave appointment reminders, health information, instruction on taking medication on my answering machine. _____
- 3. You may talk to my family members about my private healthcare information if listed below. _____

Please list family members who may receive information:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

I acknowledge receipt of East Tennessee Cancer & Blood Center, LLC, Policies of Privacy.

Signature of Patient

Date

(Form to be kept in Patients’ Medical Chart)