

**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:**

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____
_____	_____

*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)*