

Consent to Use and Disclose Health Information for Treatment, Payment or Healthcare Operations Notice of Privacy Practices Acknowledgement

Patient Name:	Date of Birth:	
		ncer Care, originates and maintains health records diagnoses, treatment, and any plans for future
I understand that The START Center for C health care information for these and other		loyees, and contractors may use and disclose my ealth care operation reasons.
As a part of treatment, payment, and health information to be used by the following inc	<u> </u>	RT Center for Cancer Care may disclose medical
(Name	e and Address of Physicians or C	Clinic)
(Name	e and Address of Family and Fri	iends)
(Name	e and Address of Family and Fri	ends)
I understand and have been provided provides a more complete description		OF INFORMATION PRACTICES that and disclosures.
Signature of Patient or Legal Representative		Relationship to Patient
Reason for Patient Refusal to Sign:		
Employee Signature		Date

Effective 01012016