



INFORMATION RECEIPT OR RELEASE

Client Name: _____

I hereby give my permission for **Cancer Services**, it's principals, employees, public benefits advocates and agents to obtain from any source including, but not limited to, hospitals, physicians, agencies, medical providers, social service agencies and others, to photocopy, review and release all records and/or financial information concerning me, at the discretion of Cancer Services, to any and all public and/or private agencies or other person for the purpose of evaluating, applying for and attempting to obtain public or private benefits for me and/or my immediate family.

I understand that Cancer Services will make every effort to protect my identity and personal information and that only the information necessary will be disclosed. The question of privacy between my attending physician or physicians, any institution, Cancer Services and myself is hereby waived.

I ___ do or ___ do not allow Cancer Services to use photographic, audio, video, digital, or other representations of my image for promotional or other uses.

This consent and release is subject to revocation by me or my legal representative at any time upon written notice to the Assistant Director, Cancer Services, 3175 Maplewood Ave., Winston-Salem, NC 27103.

A photocopy or telefacsimile (or copy by other electronic means) of this executed Information Receipt or Release shall be valid as the originally executed document.

Signed _____ Date _____

Our mission is "To enhance the quality of life for those living with cancer and to provide the gift of life through education."

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