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### Verbal Information Release

During the course of your treatment, it is fairly common for frequent communication to occur with family members, caregivers and friends, either in the office or by telephone. In order to maintain confidentiality of medical or financial information to assure that we are communicating with the right person, we request that you authorize the staff to release information verbally to a specific family member, caregiver or friend.

I, \_\_\_\_\_ authorize Fairbanks Cancer Care Physicians, P.C., to release information verbally regarding my treatment and condition:

|                     |
|---------------------|
| Name: _____         |
| Relationship: _____ |
| Phone Number: _____ |

|                     |
|---------------------|
| Name: _____         |
| Relationship: _____ |
| Phone Number: _____ |

|                     |
|---------------------|
| Name: _____         |
| Relationship: _____ |
| Phone Number: _____ |

|                     |
|---------------------|
| Name: _____         |
| Relationship: _____ |
| Phone Number: _____ |

Not Applicable

You have the right to revoke this consent, provided that you do so in writing, except to the extent that we have already used and disclosed the information that began prior to your revocation and which rely on your Protected Health Information (PHI).

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Patient or Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Updated Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_