



Northwest Oncology and Hematology, S.C.

Communication Policy and Waiver

Communication is a very important part of providing quality health care. In an effort to provide you with information regarding your health care, we ask that you complete this waiver.

We normally contact our patients between 8:00 am and 5:00 pm. Please provide the phone number that we should use to contact you during this period.

_____ Home Work Cell (please circle one)

If we need to reach you outside these hours, what is the phone number that we should use to contact you?

_____ Home Work Cell (please circle one)

Please list any additional phone numbers we may use to contact you.

_____ Home Work Cell (please circle one)

I authorize the following people to receive medical information regarding my care:

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the following person to discuss financial information regarding my account:

Name	Relationship	Contact Number
_____	_____	_____

Emergency Contact

Name	Relationship	Contact Number
_____	_____	_____

Do you have voicemail or an answering machine? Yes No (please circle)
May we leave **medical information** on your voicemail or answering machine? Yes No (please circle)

Print Name

Signature

Date

Recently enacted Federal laws protecting a patient's privacy prevent us from sharing any information about your medical condition without your authorization. If you would like us to release information to anyone other than your physicians that are treating you or your insurance company, please ask to sign a separate authorization.