

SKIN *and* CANCER CENTER *of* Arizona

An Established Tradition of Medical Excellence

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby give permission to allow the release/discussion of my medical information to _____, Relationship to Patient _____, should I not be available.

I do not want the release of medical information given to anyone but myself.

Is it ok for the Skin & Cancer Center of Arizona to leave detailed messages/results on your voicemail?

Yes

No

If yes, what phone would you like us to leave detailed messages on:

Home _____ Cell _____ Work _____

I understand that it is my responsibility to inform Skin & Cancer Center of Arizona if there are any changes to the above information.

Patient

Date