

CONSENT TO DISCLOSE MEDICAL RECORDS INFORMATION

In an effort to improve our medical records management, we will be changing to an electronic charting and medical records system. We believe that this system will help up provide more accurate, efficient and safer care for you. All of your patient-identifiable medical information will be kept strictly confidential, although it will be stored electronically at a remote site.

If you have any questions or reservations about this, please feel free to ask any member of our staff or your physician. We anticipate that in time most medical records will be maintained routinely in this fashion. However, since these internet-based technologies are relatively new for office-based medical record keeping, we ask that you sign the consent below.

I hereby authorize Pennsylvania Oncology Hematology Associates to engage an independent contractor to transfer the information contained in my existing and future patient records to an electronic format via Internet. This contractor agreed to maintain the privacy of any patient-identifiable information.

PRINT PATIENT NAME

PATIENT SIGNATURE

DATE