Cultivating Healing and Justice Initiative Support Services Inc.

Patient Consent & Verification Form

This form verifies that the patient has been diagnosed with cancer. It is important that the patient or parent/guardian reads the Patient Consent section below, completes the information required, and signs the form. A medical provider at the patient's treating facility will need to complete the Cancer Diagnosis Verification section.

Patient Consent

Patient Name: ___________________________________ Date of Birth: ___________________________
First Last MM/DD/YYYY

Parent/Guardian (If applicable): _____________________Relationship to Patient: ____________________

Patient Email: ________________________________ Patient Phone Number: ________________________

I grant CHJI Support Services Inc., the right to publish my first name, gender, diagnosis, and any "about me" information and other print and electronic outreach sources. In addition, CHJI Support Services Inc., can communicate with my Referring Facility for the purposes of this program only. I understand that nothing contained herein constitutes medical advice, prescription, or treatment and agree to seek a physician's advice before utilizing the contents delivered to me. By signing this liability waiver and release, I agree to exempt CHJI Support Services Inc. and all Officers, Directors, Affiliates and Agents from any/all liability whatsoever for personal injury, property damage and wrongful death due to the use of items provided.

Signature: ______________________________________ Date: _____________________________

Cancer Diagnosis Verification

Please have your medical provider from your treating facility fill out this section*

Name: ____________________________ Treating Facility: _____________________________________
Healthcare

Provider: _____________________________________Title: _____________________________________

Email: _______________________________________ Phone: ____________________________________

Signature: ____________________________________Date: _____________________________________

*By signing on behalf of this facility, I confirm that the information above is accurate. Return this completed form via email to info@chjisupportservices.org