Biologics
By McKesson

Patient Instruction to Biologics (2023)

To Discuss Medical Information with Caregiver/Family/Friend

By filling out this form, I am instructing and giving permission to Biologics by McKesson (Biologics) to speak with the individual(s) identified below about health information relevant to their involvement with my health care or payment for services.

I understand my permission given to Biologics **will expire one year from the date signed**, as indicated below. I understand that I may cancel or change this instruction, in writing, at any time prior to its expiration. I have the right to revoke this instruction, in writing, except where disclosures have already been made, based upon my prior instruction.

It is my desire and instruction for Biologics to speak with and disclose my health information to the following individuals **for year of 2023**:

1. Name:_____

   Relationship to Patient:_____ Telephone #: ( ) _____-_____

2. Name:_____

   Relationship to Patient:_____ Telephone #: ( ) _____-_____

3. Name: _____

   Relationship to Patient:_____ Telephone #: ( ) _____-_____

_____ _____ _____
Patient Printed Name Patient Signature Date

_____ _____
Patient Mailing Address Patient City, State, Zip

_____
Patient Date of Birth

Mail this form to: Biologics by McKesson, 11800 Weston Parkway, Cary, NC 27513
Or email it to: MyCareTeam@biologicsinc.com

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