Onco360®
ONCOLOGY PHARMACY

New Patient Form

By signing this form, I agree to the terms of the following documents:

☐ **Assignment of Benefits**

This release of information and Assignment of Benefits will be effective until revoked by me in writing. Any and all such revocations shall have a prospective effect only.

☐ **Bill of Rights and Responsibilities**

I acknowledge receipt of the Bill of Rights and Responsibilities.

☐ **Notice of Privacy Practices**

I received and reviewed Onco360's Notice of Privacy Practices, which describes how my medical information may be used and disclosed and explains how I can get access to this information. I understand that my medical information may be maintained in an Electronic Health Record (EHR) and accessed remotely or transmitted securely over the internet.

I acknowledge that by giving consent to this organization, any or all of the employees within Onco360 involved in my care may access these records.

A photocopy of the agreements listed above may be used as though they were originals.

Patient Privacy Authorizations

I hereby authorize the following individuals to interact with employees of Onco360 and receive and/or provide PHI (Protected Health Information) regarding my medical information. This authorized listing shall remain in effect until revoked by me in writing. Such revocations shall have a prospective effect only.

Name	Relationship to Patient	Phone

x

Patient or Personal Representative Signature

Date

Patient Name *(please print)*

Date of Birth

Patient Email Address

Relationship of Representative to Patient

Please sign here using DocuSign or you can print, fill out, and mail to:
Onco360 Oncology Pharmacy, 13410 Eastpoint Centre Drive, Louisville, KY 40223