



## PATIENT EMERGENCY CONTACT UPDATE

As an existing patient of Cancer Care Specialists of Illinois, you previously provided Family / Personal Contacts that you allowed CCSI to communicate with.

As life's circumstances may change, please take a moment to update your contacts.

\_\_\_\_\_  
Patient's full name (print)

\_\_\_\_\_  
Patient's date of birth

### Emergency Contact 1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

### Emergency Contact 2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

### Emergency Contact 3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

I authorize Cancer Care Specialists of Illinois and my provider to disclose any and all of my Protected Health Information to the Emergency Contacts I have listed.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Date