



A Member of Cayuga Health System

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Clifford Ehmke MD
F 62
DOB 05/01/1956

Consent To Release Medical Information to Designated Caregiver

I hereby designate the individual listed below as my primary caregiver in accordance with Article 29-CCCC of the Public Health Law (the CARE Act). I consent to Cayuga Medical Center to disclosing medical information regarding my care and treatment to my designated caregiver for purposes of discharge planning and post-discharge care information and instruction. I may change my designated caregiver at any time by notifying a member of my treatment team.

I understand that designating a caregiver and consenting to the disclosure of medical information to my caregiver is voluntary and that I can revoke the designation or consent to share information with my designated caregiver at any time by notifying a member of my treatment team.

Designated Caregiver Information	
Caregiver Name	Caregiver Phone #
Relationship to Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Child	Caregiver Address

Patient or Legal Guardian Signature

Date/Time

Pt. declined.

Caregiver Designation Change
I hereby elect to remove the caregiver listed below and I understand that I may designate a new caregiver by filling out a separate consent.
Name of caregiver being removed _____

Patient or Legal Guardian Signature

Date/Time



(17130)