Virtua | VIRTUA FOX CHASE CANCER PROGRAM

Thank you for contacting the Cancer Genetics Program at Virtua Fox Chase Cancer Program to register for education and cancer risk counseling. This letter confirms your registration.

- ❑ **Please complete the enclosed forms and either:**
  - **a.** Mail: to allow for postal mail delivery in time for your appointment, return them **7 days prior to you appointment** in the enclosed self addressed stamped envelope (we recommend making yourself a copy first)
  - **b.** Fax: 856-247-7400
  - **c.** Email: cgp@virtua.org

- ❑ Please refer to the instructions for the forms. We must receive your forms **prior to your appointment**. If you do not send in the necessary paperwork, your appointment may need to be rescheduled.
  - **a. Family history forms:** Please complete **all** sections as best you can. Please include all family members, including family members **not** affected with cancer.
  - **b. Form 1:** Please complete and list any physicians whom you would like us send a report to regarding your appointments with the Cancer Genetics Program.
  - **c. Form 2:** This form is used to give permission for us to answer any questions family members may have about your genetics visit. We will not directly contact these family members.

- ❑ Include a copy of your **pathology records** or other **documentation** of your cancer or your non-cancer biopsies (if applicable). If possible, include reports for the cancers in your family members. If you are coming for an appointment related to polyps in your self or your family members, please have your colonoscopy reports and pathology reports of the polyps sent to us.

- ❑ If any family members had **genetic testing related to cancer**, please include a copy of their test results or bring them with you to your appointment.

- ❑ On the day of your visit please bring with you: identification, your insurance cards, a copy of/or confirmation number for your referral or authorization (if required by your insurance) for the location you are having your appointment, made out to:
  - a. **Virtua Voorhees (Tax ID# 210634532) for 3 visits for genetic counseling (CPT Code 96040)**
  - b. **Virtua Memorial Hospital of Burlington County (Tax ID# 210634562) for 3 visits for Genetic Counseling (CPT Code 96040)**

Please allow 2 hours for your appointment.
As a courtesy to other patients and our counselors,
please give us 48 hours advance notice of cancellation.

Sincerely,
Bridget LeGrazie, RN, MSN, APN,c., AOCN, APNG
Janice Christiansen, MS, CGC
Dana Falcone, MS, CGC

******* PLEASE NOTE THAT EFFECTIVE MARCH 1, 2012 OUR Office Moved:***
Phone: 856-247-7373
Virtua Fox Chase Cancer Genetics Program
Center for Health and Wellness
200 Bowman Drive, Ste D290
Voorhees

FORM 1

Virtua Fox Chase Cancer Genetics Program

Note to Recipient of Information: When applicable this information has been disclosed to you from records whose confidentiality is protected by Federal Law, including but not limited to, (42 CFR-Part 2) and/or New Jersey Administrative Statutes, including but not limited to, (NJSA 26:5C-6). These regulations in part prohibit you from any further disclosure of this information without the specific written consent of the person to whom the records pertain, or as otherwise permitted by such regulation. The Federal Regulations restrict any use of the information for criminal investigation or prosecution. A GENERAL Authorization for the release of records protected by these regulations is not sufficient for this purpose.

Purpose/Need for Disclosure: Medical Follow-Up

PATIENT NAME (first, middle, last) _____ DATE OF BIRTH _____ TELEPHONE NUMBER (including area code) _____

ADDRESS (number, street, city, state, zip) _____ SOCIAL SECURITY NUMBER _____

TYPE OF VISIT and TREATMENT DATE(S):

- ☐ Cancer Risk Counseling and Education, date (s) - all
- ☐ Other, date (s) _____

SPECIFIED REPORTS:

- ☐ Cancer Risk Counseling Summary and Recommendations Letter to Health Care Provider
- ☐ Genetic Test Results
- ☐ Other _____

RELEASE TO:

Person/s Name _____

Organization _____

Street Address _____

City/State/Zip _____

RELEASE TO:

Person/s Name _____

Organization _____

Street Address _____

City/State/Zip _____

RELEASE OF PATIENT INFORMATION FROM VIRTUA FACILITY

FORM 1

RELEASE TO: Person/s Name _____

Organization _____

Street Address _____

City/State/Zip _____

RELEASE TO: Person/s Name _____

Organization _____

Street Address _____

City/State/Zip _____

COMMENTS: ☐ None

☐ _____

_____

I do hereby consent to and authorize the Virtua Health program specified above to disclose to that person/organization named above information from my medical records relating to my identity, diagnosis, prognosis, treatment and condition, including: psychological or psychiatric impairment; drug abuse and/or alcoholism; sickle cell anemia; and acquired immunodeficiency syndrome (AIDS) and/or tests for infection with human immunodeficiency virus (HIV).

Release is to be **limited** to the specified report(s) within the specified date(s) of treatment detailed above. I understand that this consent shall operate as a complete release of liability to the Virtua Health program specified above, its trustees, officers, agents and employees for the release of information as specified above.

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient noted above and in that case, will no longer be protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I understand that HIPAA, and its implementing regulations ("HIPAA") govern the terms of this authorization. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. If I do not revoke this consent, it will terminate six (6) months from the date of signature.

I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

_____ _____

PATIENT or PATIENT REPRESENTATIVE SIGNATURE DATE SIGNED

_____

If Patient Representative, give relationship to Patient

RELEASE OF PATIENT INFORMATION FROM VIRTUA FACILITY

FORM 2

VIRTUA

Authorization for Verbal Disclosure of Cancer Risk and Cancer Genetic Test Results

With this written authorization, I give permission to the health care providers of Virtua the Fox Chase Cancer Genetics Program to provide a verbal disclosure of any results of my personal risk for carrying a cancer related gene including my genetic test results to the following person(s) upon their request. These persons may be members of my family, friends, physicians, clergy, and/or other. Below, I have included that person's name, relationship to me, and identifying information such as date of birth, address, or social security number so that their identity can be verified over the phone.

Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier
Name	Relationship to participant	Identifier

This authorization will be considered valid throughout your participation in the Family Risk Assessment Program at Virtua Health or unless otherwise specified by you but no longer that three years.

Name of Participant (print)	**Signature of Participant**	**Date**

Created on 5/10/03

Family History of Cancer
Part 1 – You, Your Parents (Blood relatives only) and Your Spouse(s)

Please print all information

First & last name (no nicknames)	Date of Birth If you are not sure of date, estimate year and circle. Example: (1924) Mo/Day/Yr	Date of Death If you are not sure of date, estimate year and circle. Example: / (1994) Mo/Day/Yr	Has had Cancer Circle Yes = (Y) No = N Not sure = ?	Type of Cancer Examples: Breast Colon Skin	Age When Cancer Found Example 42 yr. old
1. Yourself		/ / Alive ☐	Y N ?		
2. Your mother		/ / Alive ☐	Y N ?		
3. Your father		/ / Alive ☐	Y N ?		
4. Current spouse		/ / Alive ☐	Y N ?		
5. Parent of your children, if other than your current spouse		/ / Alive ☐	Y N ?		
6. Parent of your children, if other than #4 or #5.		/ / Alive ☐	Y N ?		

Family History of Cancer
Part 2 –Your Grandparents (Blood relatives only)

Please print all information

First & last name (no nicknames)	Date of Birth If you are not sure of date, estimate year and circle. Example: (1924) Mo/Day/Yr	Date of Death If you are not sure of date, estimate year and circle. Example: / / (1994) Mo/Day/Yr	Has had Cancer Circle Yes = (Y) No = N Not sure = ?	Type of Cancer Examples: Breast Colon Skin	Age When Cancer Found Example 42 yr. old
7. Your mother's mother		/ / Alive ☐	Y N ?		
8. Your mother's father		/ / Alive ☐	Y N ?		
9. Your father's mother		/ / Alive ☐	Y N ?		
10. Your father's father		/ / Alive ☐	Y N ?		

Family History of Cancer
Part 3 –Your Brothers and Sisters (Blood relatives only)

☐ Check here if you have no blood brothers or sisters and go to next page
Do you have the same mother as your brothers and sisters? ☐ Yes ☐ No
Do you have the same father as your brothers and sisters? ☐ Yes ☐ No

Office Use Only

First & last name (No nicknames) *Please print all information*	Circle Brother (B) Sister (S) Example: B (S)	Date of Birth If you are not sure of date, estimate year and circle Example: 1924 Mo/Day/Yr	Date of Death If you are not sure of date, estimate year and circle Example: / / 1994 Mo/Day/Yr	Has had Cancer Circle Yes = (Y) No = N Not sure = ?	Type of Cancer Examples: Breast Colon Skin	Age When Cancer Found Example 42 yr. old	HM HF
11.	B S		/ / Alive ☐	Y N ?			
12.	B S		/ / Alive ☐	Y N ?			
13	B S		/ / Alive ☐	Y N ?			
14	B S		/ / Alive ☐	Y N ?			
15	B S		/ / Alive ☐	Y N ?			
16.	B S		/ / Alive ☐	Y N ?			

Family History of Cancer
Part 4 –Your Children

☐ Check here if you have no biological children and go to next page
Do all your children have the same mother and father? ☐ Yes ☐ No
If no, list parent on page 4, lines #5 and #6.

Office Use Only

First & last name (No nicknames) *Please print all information*	Circle Son (S) Daughter (D) Example: S (D)	Date of Birth If you are not sure of date, estimate year and circle Example: 1924 Mo/Day/Yr	Date of Death If you are not sure of date, estimate year and circle Example: / / 1994 Mo/Day/Yr	Has had Cancer Circle Yes = (Y) No = N Not sure = ?	Type of Cancer Examples: Breast Colon Skin	Age When Cancer Found Example 42 yr. old	P #
17.	S D		/ / Alive ☐	Y N ?			
18.	S D		/ / Alive ☐	Y N ?			
19.	S D		/ / Alive ☐	Y N ?			
20.	S D		/ / Alive ☐	Y N ?			
21.	S D		/ / Alive ☐	Y N ?			
22.	S D		/ / Alive ☐	Y N ?			

Family History of Cancer
Part 5 –Your Mother's Brothers and Sisters

☐ Check here if your mother had no blood brothers or sisters and go to next page
Do all of your aunts and uncles on your mother's side have the same mother? ☐ Yes ☐ No
Do all of your aunts and uncles on your mother's side have the same father? ☐ Yes ☐ No

First & last name (No nicknames) *Please print all information*	Circle Brother (B) Sister (S) Example: B (S)	Date of Birth If you are not sure of date, estimate year and circle Example: 1924 Mo/Day/Yr	Date of Death If you are not sure of date, estimate year and circle Example: / / (1994) Mo/Day/Yr	Has had Cancer Circle Yes = (Y) No = N Not sure = ?	Type of Cancer Examples: Breast Colon Skin	Age When Cancer Found Example 42 yr. old	Office Use Only HM HF
23.	B S		/ / Alive ☐	Y N ?			
24.	B S		/ / Alive ☐	Y N ?			
25.	B S		/ / Alive ☐	Y N ?			
26.	B S		/ / Alive ☐	Y N ?			
27.	B S		/ / Alive ☐	Y N ?			
28.	B S		/ / Alive ☐	Y N ?			

Family History of Cancer
Part 6 –Your Father's Brothers and Sisters

☐ **Check here if your father had no blood brothers or sisters and go to next page**
Do all of your aunts and uncles on your father's side have the same mother? ☐ **Yes** ☐ **No**
Do all of your aunts and uncles on your father's side have the same father? ☐ **Yes** ☐ **No**

Office Use Only

First & last name (No nicknames) *Please print all information*	Circle Brother (B) Sister (S) Example: B (S)	**Date of Birth** If you are not sure of date, estimate year and circle Example: 1924 Mo/Day/Yr	**Date of Death** If you are not sure of date, estimate year and circle Example: / / (1994) Mo/Day/Yr	**Has had Cancer** Circle Yes = (Y) No = N Not sure = ?	**Type of Cancer** Examples: Breast Colon Skin	**Age When Cancer Found** Example 42 yr. old	HM HF
29.	B S		/ / Alive ☐	Y N ?			
30.	B S		/ / Alive ☐	Y N ?			
31.	B S		/ / Alive ☐	Y N ?			
32.	B S		/ / Alive ☐	Y N ?			
33.	B S		/ / Alive ☐	Y N ?			
34.	B S		/ / Alive ☐	Y N ?			

Family History of Cancer
Part 7 –Additional Family Members with Cancer

• **Please use this page to add any additional blood relatives such as first cousins, grandchildren, nieces or nephews, who have had cancer. Please indicate the parent number of each relative (from previous pages). For example, #35 cousin, Jane is daughter of #29, who is your father's sibling.**

First & last name (No nicknames) *Please print all information*	Circle Male (M) Female (F) Example: M (F)	**Date of Birth** If you are not sure of date, estimate year and circle. Example: (1924) Mo/Day/Yr	**Date of Death** If you are not sure of date, estimate year and circle. Example: / (1994) Mo/Day/Yr	**Has had Cancer** Circle Yes = (Y) No = N Not sure = ?	**Type of Cancer** Examples: Breast Colon Skin	**Age When Cancer Found** Example 42 yr. old	Parent # From previous page
Example: 35. Jane Douglas	M (F)	2/12/1921	/ / (1970) Alive ☐	(Y) N ?	Breast	41	#29
36.	M F		/ / Alive ☐	Y N ?			
37.	M F		/ / Alive ☐	Y N ?			
38.	M F		/ / Alive ☐	Y N ?			
39.	M F		/ / Alive ☐	Y N ?			
40.	M F		/ / Alive ☐	Y N ?			