



RACE AGAINST BREAST CANCER, INC.

Release of Liability and Authorization for Release of Information

Please print. NAME: _____ DOB ___/___/___ County _____
ADDRESS: _____ City _____ Zip _____
PHONE: _____ Emergency Contact & Phone _____

The Race Against Breast Cancer, Inc. (RABC) is a volunteer, nonprofit organization committed to providing financial assistance for breast cancer screening for eligible women and disseminating breast health care information for public benefit. RABC does not charge a fee for its services. RABC services are provided without regard to race, color, creed, disability, national origin, or ancestry.

I understand RABC is not a provider of services. RABC is not responsible or liable for any monetary damages or liabilities relating in any way to the provided services. I release RABC from liability and waive any claims whatsoever against RABC.

I understand it is my responsibility to obtain the results of all tests from my physician or care giver. RABC will not discuss results with me. RABC may offer information about further financial assistance.

I understand RABC is not responsible or liable for test results, or for any recommended follow up. In the event of abnormal findings, I understand that I may incur expenses for services not covered by RABC.

Other financial assistance may be available for services not covered by RABC. Non-covered services include follow up tests, office visits, clinical breast exams, physician fees among other things. It is my responsibility to meet the eligibility requirements for any other assistance sought.

I authorize RABC to disclose personal health information as necessary for these services.

I assign any benefits payable under the terms of my insurance policy or policies to the providers of services rendered. Payment will be made directly to the providers, not RABC.

I HAVE READ THE ABOVE INFORMATION AND ANY QUESTIONS I HAVE WERE ANSWERED TO MY SATISFACTION. I AGREE TO THE TERMS OF THIS DOCUMENT. A COPY SHALL BE AS VALID AS THE ORIGINAL.

Signature: _____
Witness: _____ Date: _____
PLACE OF MAMMOGRAM: _____ DOS: ___/___/___

Distribution: Fax to RABC office (785) 286-4470 or mail to RABC, PO Box 4458, Topeka, KS 66604.
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