

NOTICE

You may request a second opinion for some one else provided you have their permission. Unless you are a parent or legal guardian, the patient must be over 18 years of age (19 years of age in Nebraska) and that person must submit a signed proxy form to be faxed to us. We cannot proceed with a third party without the proxy form signed by the patient or the legal guardian. The signature of two witnesses is required.

PROXY FORM

(Please print and complete this form. Then mail it as part of your packet.)

This form is to be used if you want The University of Nebraska Medical Center/Nebraska Medical Center (UNMC) to provide the Second opinion Services to someone else (besides your doctor).

By checking the box below, I am hereby consenting to the person named below to act for me and do all of the actions that I have checked on my behalf.

- Communicate with health care providers at the Web site and provide them with any and all information including medical records, films or test results that may be requested to use the services provided through this Web site.
- Be consulted by and consult health care providers made available through this Web site on my behalf.
- Receive any disclosures in any format related to my health or payment for services provided through this Web site.

I hereby acknowledge that I have given this consent of my own free will. I can revoke this consent by contacting the office of International Healthcare Services by phone at (402) 559-3090, by fax (402) 552-2410 or email at nmamdani@nebraskamed.com.

Print Your Name

Person to be named as Proxy

Signature

Witness

Date

Witness