

## CONSENT TO RELEASE INFORMATION – Deceased Individual

We have recently been asked to assess your family history of cancer. In order to do this, we need to confirm the diagnoses within the family. Please complete and return this form if you consent to us accessing your next of kin's relevant medical records to learn more information about their diagnosis. This information will remain confidential and will only be used to aid in the assessment of the family history. Please feel free to contact us if you have any questions.

**Our Reference number:** .....

**Family History Assessor assigned to your family (if known):** .....

### Person Providing Consent:

Family Name: ..... Given Name: .....

Date of Birth: ..... Telephone: .....

Email: .....

Address: .....

Relationship to Deceased: .....

### Deceased Individual on Whom Information is requested:

Family Name: .....

Given Name: .....

Date of Birth: ..... Date of Death: .....

City/Town of Death: ..... NHI Number: .....  
(If Known)

Year(s) of Diagnosis	Treated for eg bowel cancer	Hospital Name	City

I hereby give permission for the NZ Familial GI Cancer Service to have access to the medical records of the above named.

Signature: ..... Date: .....

Name (printed): .....

**Please ensure that your family's Reference number and your contact telephone number (and/or email) is included on this form.**

Once completed, please return your form via post, fax or email to the office that is managing your family's assessment\*:

### **Upper North Island (& National Office)**

**Post:** NZ Familial GI Cancer Service,  
Auckland City Hospital,  
Private Bag 92-024,  
Auckland 1148  
**Fax:** (09) 375 4359  
**Email:** NZFGCS@adhb.govt.nz

### **Lower North Island**

**Post:** NZ Familial GI Cancer Service,  
Wellington Hospital,  
Private Bag 7902,  
Wellington South 6242  
**Fax:** (04) 385 5441  
**Email:** NZFGCR@ccdhb.org.nz

### **South Island**

**Post:** NZ Familial GI Cancer Service,  
Christchurch Public Hospital,  
Private Bag 4710,  
Christchurch 8140  
**Fax:** (03) 378 6569  
**Email:** FBCR@cdhb.health.nz

\*If you are unsure which office is managing your family's assessment, please return your form to the National Office based in Auckland.