

Consent for Patients Requesting Peer Support

(Return to the Ida & Joseph Friend Cancer Resource Center at Fax#: 415-885-3701)

- I agree to participate in the UCSF Peer Support Program and request that the University release my personal and medical information provided on my intake form to any person with whom I will be matched in the program.
- I understand that my information will be entered into a database for the purposes of matching me with a volunteer and this information will be released to the volunteer for the purpose of the program.
- I have read and understand the UCSF Peer Support Program information
- I understand that the purpose of the Peer Support Program is to share practical information and emotional support and not for the purpose of obtaining or providing medical advice.
- I understand that a peer support volunteer(s) will be contacting me via the phone per my request for support.
- I understand that if no peer match is available, UCSF will contact me via the phone to let me know and I may be provided names of other peer support programs to contact for support.
- If I choose to no longer participate in the peer support program, I will notify the Cancer Resource Center and my personal and medical information will not be released after the date of notification.
- I agree that if I have an urgent or emergent medical condition, I will contact my physician or call 911.

I have read this consent and agree.

Signature of Patient

or

Legal Representative (Attach legal document)

Signature of Witness
(Required if patient unable to sign)

Relationship of Representative to Patient

Print Name of Patient or Legal Representative

Language Used

Signature of Interpreter

Date of signing

UCSF person who received intake

Date of intake