

Ambassador List Consent Form

We maintain a Patient Ambassador Program as part of our commitment to assisting prospective patients in their treatment decisions. This program connects individuals considering treatment options with former patients with firsthand experience at our facility. By signing this form, you authorize us to include your name on our ambassador list, which includes patient name, diagnosis, city/state, age, completion date, phone number, and email address.

Prospective patients are requested to mention UF Health Proton Therapy Institute in the subject of their email or to leave a voicemail at the number provided, as many people screen calls from unknown numbers.

It's important to note that ambassadors, while valuable sources of insight, are not medical professionals and can only share personal opinions and experiences. Your consent contributes to the creation of a supportive network for those navigating cancer care decisions.

Patient / Caregiver Name: _____ Diagnosis: _____

Age: _____ Treatment Completion Date: _____

City and State: _____

Phone number(s): _____

Email address: _____

Please check here if you are the caregiver of a patient receiving treatment with us.

Please note that the patient's signature is required, in addition to the caregiver's signature below, before the caregiver can be added to the ambassador list. Parents, please list your name next to the patient as "Parent of:".

I authorize UFHPTI to include the above information in the Patient Ambassador list to be distributed to prospective patients.

Patient's Signature: _____ Date: _____

Patient's Name (printed): _____

Caregiver's Signature (if applicable) _____ Date: _____