



National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

Consent to Release of Contact Information

The purpose of this consent form is to confirm that you agree to have your information (name, telephone number and other contact information, e.g. e-mail address) sent to the National Cancer Institute's (NCI) Office of Cancer Complementary and Alternative Medicine (OCCAM). By signing this consent form, you also agree that you are willing to speak by phone to one of the investigators at OCCAM. During the conversation you will be asked to confirm the type and duration of complementary and alternative medicine treatment you received from your practitioner. You will also be asked about any other treatment you received e.g. chemotherapy/radiotherapy. A separate consent form describes the purpose of this contact with the OCCAM. You will be provided this other consent form and it will be reviewed with you by an OCCAM staff member if you agree to be contacted by them.

Name

Date