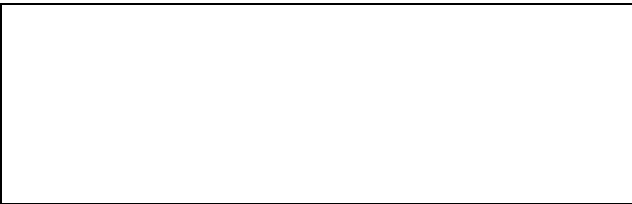


**CONSENT TO THE RELEASE OF FINANCIAL INFORMATION
NORTH STAR LODGE**



For your privacy protection, we will not disclose your information to others unless you give us permission to do so or unless the law authorizes or requires us to do so. We recognize that you may want us to provide information to friends or family members and to do so we need your written permission. Please complete each section below.

Financial information consists of charges, payments, adjustments, patient assistance programs and retail pharmacy programs where you may be a participating member during your care at North Star Lodge.

Do not release financial information to anyone – skip to Section #3
OR
 You may disclose my financial information to:
Please provide up to two names. Calls from other persons will be referred to you or your contact person(s) to provide them with information about your financial.

1 1. NAME _____ PHONE NUMBER _____
2. NAME _____ PHONE NUMBER _____

North Star Lodge may use or disclose the following financial information to the individuals above (check all that you would like to apply below)

2 All financial information related to treatment at North Star Lodge
 Financial information relating to the following treatment or condition(s): _____
 Financial information in my medical record for the date(s): _____
 Other _____

3 _____
Patient signature (or legal guardian) Date _____ Time _____

_____ Date of Birth _____
Printed name of patient

_____ Relationship _____
Printed name if signed on behalf of patient

****This consent will remain in effect until the conclusion of care at North Star Lodge****
You may revoke or change this consent at any time by notifying the North Star Lodge Medical Records Department in writing. Revocation of this consent cannot be retroactive to a release of information made in good faith. I understand that once the financial information I have authorized to be disclosed reaches the noted recipient, that person may re-disclose it, at which time it may no longer be protected under Privacy Laws. North Star Lodge will not withhold treatment if you do not sign this consent.