

PATIENT NAME:

DATE OF BIRTH:

CONSENT TO THE RELEASE OF HEALTH CARE AND/OR FINANCIAL INFORMATION AT 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.

SECTION 1 – HEALTH CARE INFORMATION

Do NOT release health care information to anyone – skip to Section 2

OR

You may disclose my health care information to:

1. NAME _____ TELEPHONE _____

2. NAME _____ TELEPHONE _____

Calls from other persons will be referred to you or your contact persons(s) to provide them with information about your treatment.

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

All health care information in my medical record at North Star Lodge

Health care information in my medical record relating to the following treatment or condition(s) _____

Health care information in the medical record for the date(s) _____

Other _____

SECTION 2 – FINANCIAL INFORMATION

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. If you would like us to use the same contacts as listed above for disclosure of health care related financial information, please initial here: _____. If you have different contacts for financial information please fill out the following:

Financial Information

Do NOT release financial information to anyone – skip to Section #3

OR

You may disclose my financial information to:

1. NAME _____ TELEPHONE _____

2. NAME _____ TELEPHONE _____

All financial information related to treatment at North Star Lodge

Financial information in the medical record for the date(s) _____

Other _____

SECTION 3 – 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 health care financial information I have authorized to be disclosed to 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.

Patient signature (or legal guardian)

Date

Time

Printed name of patient

Date of Birth

Printed name if signed on behalf of patient

Relationship