

AUTHORIZATION TO OBTAIN INFORMATION

Print Patient's Name _____

Address _____ City/State/Zip _____

Date of Birth ____/____/____ Social Security Number ____ - ____ - ____ Phone () _____

I _____ hereby authorize _____

To release (written/oral/electronic) information to:

- Northwestern Memorial Hospital
Solid Organ Transplant Program
675 N. St. Clair, Galter Pavilion 15-250
Chicago, Illinois 60611
Phone: 312-695-0828
Fax: 312-695-0036

INFORMATION TO BE RELEASED

- Discharge Summary Operative Reports Pathology Reports Radiology Reports
- Radiology Lab Reports Clinic/Office Record Evaluations/
psychological testing
- Treatment Planning Form Consultations Integrated Assessment Slides
- Record Abstract (History and Physical, Progress Notes, Lab, Radiology, Operative Report, Pathology Report, Consultation Report and other diagnostic tests)
- Other (Please specify) _____

Concerning the care of the above patient from dates _____ to _____

This should include sensitive information such as mental, substance abuse, or HIV/AIDS unless checked below.

- Mental Health Substance Abuse HIV/AIDS Other _____

These records are obtained for the purpose of

- Continuity of Care Other

I understand that I have the right to inspect the disclosed information and may revoke this authorization at any time in writing except to the extent that records have already been released. In the event that written revocation of this consent is not made, this authorization will automatically expire in (6) months unless expiration date is otherwise amended.

Signature: Patient or Legally Authorized Patient Representative

Date of Signature

Relationship to Patient

Signature of Witness

Date of Signature

*The Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, state that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient.
The Federal Confidentiality Rules 42 CFR Part 2 prohibit making any further disclosure of drug and alcohol information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2.
A general authorization for the release of medical or other information does NOT restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. [52 FR 21809, June 9, 1987; 52 FR41997, Nov. 2, 1987]. Treatment, payment, enrollment or eligibility of benefits may not be conditioned on obtaining this authorization*