

Hutchinson Health

CONSENT FOR USE AND RELEASE of HEALTH INFORMATION

1. **Treatment, Payment and Operations:** I authorize Hutchinson Health, any other health care providers, entities that pay for my health care, and anyone affiliated with or authorized by them to: release and receive my health records and other information about my health care for treatment, payment and health care operations purposes as described in Hutchinson Health’s Notice of Privacy Practices. I understand that information received by or created in a drug, alcohol, or mental health treatment service area may require another authorization before it can be released for some or all of these purposes.

2. **Provider Record Locator or Patient Information Services:** A health record locator or patient information service helps my health care providers know where I have received care and get information about my health to help treat me. Hutchinson Health and other providers who participate in a record locator or patient information service may access my information in a record locator or patient information service to help provide care and services to me. Hutchinson Health may share my identifying information and location of my health records with a health record locator or patient information service, unless I check here.

3. **Consent for Use and Disclosure of Medical Records in Research:** I authorize Hutchinson Health to use or disclose my medical records for research. This includes health records created by Hutchinson Health and any records Hutchinson Health receives from other health care providers while treating me, unless I check here.

This consent will continue indefinitely unless I cancel it in writing at: Hutchinson Health, Attention: Health Information Services, 1095 Highway 15 South, Hutchinson, MN 55350. If I cancel my consent, it will not change releases that have already been made.

Patient or Legal Representative Signature

Date/Time

Legal Representative Printed Name (if signing for patient)

Authority to sign for patient
(Attach Documentation)

PRINTED Patient Name

Patient Date of Birth

8/31/2016; 8/30/2017 TG/smg

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| CONSENT FOR USE AND RELEASE OF INFORMATION FORM 3498 | Hutchinson HEALTH | <i>Patient Label</i> |
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