

ALLINA HEALTH CONSENT FOR USE AND RELEASE OF HEALTH INFORMATION

This consent applies to all Allina Health locations where I may receive my care.

Treatment, Payment and Operations: I authorize Allina 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 Allina Health's Notice of Privacy Practices. I understand that information received by or created in a drug or alcohol abuse treatment unit may require another authorization before it can be released for some or all of these purposes.

Provider Record Locator or Patient Information Service: 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. Allina 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. Allina 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:

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

This consent will continue forever unless I cancel it in writing at: Allina Health Information Management, Mail Route 20300, 2828 10th Ave. S., Minneapolis, MN 55407. If I cancel my consent, it will not change releases that have already been made.

**Electronically signed per verbal agreement

[Redacted Signature Area]

Patient or Legal Representative Signature

[Redacted Date Area]

Date

[Redacted Time Area]

Time

Legal Representative Printed Name (if signing for patient)

Infection Prevention Precautions

Authority to sign for patient (Attach Documentation)

Allina Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-506-4595.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-506-4595.



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08-20

CONSENT FORM ENCOUNTER

SR-12978A (06/20)

PATIENT LABEL

Patient Name

Patient DOB

Patient MRN