THE UNIVERSITY OF CHICAGO MEDICAL CENTER
DISCLOSURES TO DESIGNATED INDIVIDUALS FORM

To comply with the Health Insurance Portability and Accountability Act (HIPAA), The University of Chicago Medical Center (UCMC) is collecting information from you on the names and relationships of individuals to whom UCMC staff may disclose patient appointment information for health care and billing purposes. This information will help facilitate services we provide to you.

A patient label may be placed here:

Patient's Name: _____
Last First Middle

Medical Record Number: _____

Home Address: _____

_____

Home Telephone: _____ **Date of Birth:** _____

The University of Chicago Organized Health Care Arrangement (or **UC OHCA**) consists of The University of Chicago Medical Center (UCMC), including its nurses, residents, volunteers, and other staff; portions of the University of Chicago that participate in or support the activities of health care, including its physicians, nurses, students, volunteers, and other staff; and UCMC Community Physicians.

I grant the UC OHCA permission to disclose the following information to the listed individual(s) for the purpose of assisting me with my affairs:

Name	Relationship	Information (Check all that apply)
		☐ Billings for my health care services ☐ Appointments for health care services
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I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY UCMC IF I NO LONGER WANT THE ABOVE INDIVIDUAL(S) TO BE DISCLOSED SUCH INFORMATION.

I understand that once my health information is disclosed to the above individuals, neither UCMC nor any of the other UC Organizations can guarantee that they will not redisclose the health information to a third party or as required by law.

_____ _____
*Signature of Patient or Personal Representative** *Date*

_____ _____
Name of Personal Representative (if applicable)* *Relationship to Patient*

Please return this form to:
Health Information Management Dept
MCO978
University of Chicago Hospitals
5841 S. Maryland Ave
Chicago, IL 60637-1470

** The Personal Representative is the patient's decision maker. It can be the parent if the patient is a minor, legal guardian, health care surrogate, or other person.*