



I understand that once my health information is disclosed to the Duola, neither UCMC nor any of the other UC Organizations can guarantee that she will not redisclose the health information to a third party or as required by law. The Duola may not be required to comply with this Authorization or applicable federal and Illinois law governing the use and disclosure of my health information.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits except that, if my treatment is for the sole purpose of creating health information for disclosure to the recipient listed on the front of this Authorization, then the UC Organization may refuse to treat me if I do not sign this Authorization. If my treatment is related to my participation in a research study, I understand that a UC Organization may refuse to treat me if I do not sign this Authorization.

I may inspect or copy any information used/disclosed under this authorization.

I understand that UC Organizations will not, directly or indirectly, receive any items of value from any third party in connection with the use or disclosure of the health information.

I understand that I may change my mind and revoke this authorization in writing at any time by notifying the Privacy Office (see the information below), and changing my mind will not affect my treatment. The revocation will not apply to the extent that any UC Organization has already taken action where it relied on my permission.

I have read and understand the terms of this Authorization and I have had a chance to ask questions about the use and disclosure of the health information. I authorize each UC Organization to use or disclose my health information in the manner described above.

\_\_\_\_\_  
*Signature of Patient or Personal Representative\**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Personal Representative\* (if applicable)*

\_\_\_\_\_  
*Relationship to Patient*

*\* 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.*

**Privacy Office: University of Chicago Medical Center, MC-1000, 5841 South Maryland Avenue, Chicago, IL 60637, Telephone Number: (773) 834-9716**

