

# **Consent for Release of Information**

1.	. Provider Record Locator: A health record locator service helps my healthcare providers determine where I have		
	received care and obtain information about my health to	•	
	my information in a record locator service to help provide	·	
	health record and information with a health record locate		
	box below, I understand Western Wisconsin Health will e	xclude my information from any record location	
	services.		
2.	Release of Information by Western Wisconsin Health for Payment and Healthcare Operations: I consent to the		
	release of my health records and other information relate	ed to my healthcare services for payment and	
	healthcare operations purposes. I agree that my health r	ecords and other information may be released to	
	Medicare, my insurance company or health maintenance	organization, other payers, payer network	
	organizations, including accountable care organizations, i	n which my providers participate, and the contractors	
	and third-party administrators of any of these parties.		
3.	Release of Information by Others for Payment and Healthcare Operations: I authorize Medicare, my insurance		
	company or health maintenance organization, other payers, payer network organizations including accountable		
	care organizations, and their contractors and third-party	administrators to share my health records and	
	information obtained from Western Wisconsin Health or	•	
	other providers from whom I have received services, or a		
	accountable care organizations, in which my provider par	•	
	administrators of these parties as needed for payment and healthcare operations.		
4.	Release of Information to Healthcare Providers: I consent to the release of my health records created, received		
	and maintained by Western Wisconsin Health for my treatment to other healthcare providers who are involved		
	in my treatment.		
5.	Consent for Use of Medical Records in Research: Lautho	orize Western Wisconsin Health to use or disclose my	
٦.	Consent for Use of Medical Records in Research: I authorize Western Wisconsin Health to use or disclose my medical records for research, including health records created by Allina and those records Allina receives from		
	other healthcare providers, while treating me unless I che	·	
	other hearthoare providers, while treating the amess rank		
Thi	s consent will continue forever unless you cancel it by writ	ing us at:	
	Western Wisconsin Health		
	Health Information Management		
	1100 Bergslien Street Baldwin, WI 54002		
ıf +	he consent is cancelled, it will not change releases that have	ve already been made	
	The consent is cancelled, it will not change releases that have	ve already been made.	
		Date / Time:	
Pat	tient or Legal Representative Signature	Date / Time.	
	, and a second second		
		1	
Leg	gal Representative Printed Name (if signing for patient)	Authority to sign for patient)	
		Please Place a Current Admission Sticker Here When Available	
		•	
		Patient Name:	

# CONSENT FOR RELEASE OF INFORMATION FREQUENTLY ASKED QUESTIONS

# What is a provider record locator service?

A record locator service helps your healthcare providers determine where you have received care in the past. When your medical records are requested, the record locator service searches to find where your medical records are located within other healthcare facilities using Excellian® (EPIC) and gives your provider a list of the facilities where you have received care.

## Where are you searching and is this search necessary?

Western Wisconsin Health shares an electronic medical record with some providers in the area. This allows us to see if you have a record that exists in their system.

Searching for another record allows your healthcare team to have more up-to-date information about your care and treatment.

# What if I don't want a search to be done?

This means that we won't be able to combine and share a medical record with other providers using Excellian®. Having one record allows your healthcare team to have more update-to-date information about your care and treatment. Please place an "X" in the box at the end of the paragraph.

# What is a payer and why should I allow you to release information to them?

A payer could be your insurance company, Medicare or your motor vehicle insurance, for example. This consent allows Western Wisconsin Health to disclose information to your insurance company or payer responsible for payment of your claims if they request it form us.

#### What if I don't want to consent?

Your insurance company may not pay your claim if they don't receive information they might request from us.

## Is this Obama Care?

No, this is about your consent to release your information to your insurance company, or whoever will be responsible for payment of your claim.

#### Do you need my consent to release my medical records to my healthcare providers?

Wisconsin laws and the Federal HIPAA laws permit Western Wisconsin Health to disclose information to healthcare providers in other hospitals or clinics who are involved in your healthcare without your consent. The exception to this is behavioral health information. Any behavioral health records released require your signature before we are able to do so.

#### Why should I permit my medical records to be used for research purposes?

Your record may be reviewed for health history outcomes to provide better care to all patients.

#### Who would be looking at my medical records for research purposes?

Only Western Wisconsin Health and/or Western Wisconsin Health staff would review your records and they could only do so after having received approval of their research project.

#### What if I don't want my medical records to be used for any research?

Simply place an "X" in the box at the end of the paragraph.

Please Place a Current Admission Sticker Here When Available	
Patient Name:	
Date of Birth:	Med Rec #: