


ELENA M. KAMEL, M.D.	 <b>The Women's Group of Northwestern</b> OBSTETRICS AND GYNECOLOGY WWW.WOMENOBGYN.NET	JORDAN L. SHERAN, M.D.
ANITA LEVIN, M.D.		ADRIENNE J. ADAMS, M.D.
LINDA S. KATZ, M.D.		JULIANA SUNG, M.D.
PAMELA A. LUI, M.D.		BARBARA HARTNETT, RNC, MS
JULIE A. ERICSON, M.D.		ASHLEY GIER, MSN, WHNP
JULIE M. LEVITT, M.D.		LAURA B. FRESE, MMS, PA-C
KAMALJEET MURTHY, M.D.		LAUREN DOWD, MSN, FNP-BC
STEPHANIE W. LAU, M.D.		

**Consent for Release and Use of Confidential Information**

I, \_\_\_\_\_, hereby give my consent to The Women's Group of Northwestern  
 (Name of Patient or Authorized Agent)  
 to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in the patient record of:

\_\_\_\_\_ (Patient's Name)      \_\_\_\_\_ (Date of Birth)      \_\_\_\_\_ (Social Security Number)      \_\_\_\_\_ (Phone Number)

\_\_\_\_\_ (PATIENT'S CURRENT ADDRESS)

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the physician. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office. **Please read notes at the end of this page.**

Reason for Patient Health Information Release: \_\_\_\_\_

- The entire medical record, \_\_\_ **including** \_\_\_ **excluding** mental health treatment, alcoholism treatment, drug abuse treatment, and HIV/acquired immune deficiency syndrome (AIDS) records
- Lab/Pathology Reports
  - Radiology Reports
  - Office Notes
  - Pregnancy Notes
  - Other

**Please send copies of the above patient health information to:**

Physician/Facility Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**PLEASE NOTE THAT MEDICAL RECORDS CANNOT BE FAXED!!!**

I may revoke my consent in writing except to the extent that the practice has already made disclosures upon my prior consent. If I am transferring care to another physician and I sign this consent, and later revoke it, The Women's Group of Northwestern may decline to provide treatment to me.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- MD Copy Service is responsible for copying patient medical records. You will receive an invoice for the cost of copying your record, when your request is received. Please allow 10 days after payment is made to receive your medical records. If you do not receive your records within 15 business days, please call MD Copy Service at (630) 359-5042
- There is a fee for processing records. Pages 1-25 \$1.00 per page. Pages 26-.50 \$0.66 cents/page. Pages 51 & up \$0.33 cents/page. MD Copy Service accepts checks or money orders only. Please make checks payable to MD Copy Service. Payment must be received before medical records will be released.
- If the release of medical records is due to patient leaving the practice, any balance due must be paid in full before records are released.
- You have the right to revoke this consent at anytime with written notice.

## CONSENT FORM DEFINITIONS

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Underwriting, premium rating, and other activities relating to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including pre-certification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician’s practice that maintains such information.