Allina Hospitals & Clinics
CONSENT for RELEASE OF INFORMATION

1. **Provider Record Locator**: A health record locator service helps my health care providers determine where I have received care and obtain information about my health to help treat me. Allina Hospitals & Clinics ("Allina") may access my information in a record locator service to help provide care to me. Allina may share my health record and information with a health record locator service unless I check in the box below. If I check the box below, I understand Allina will exclude my information from any record locator services. ☐

2. **Release of Information to Payers**: I consent to the release of my health records and other information related to my health care services for payment and healthcare operations purposes. I agree that my health records and other information may be released to Medicare, my insurance company or health maintenance organization, other payers, payer network organizations, including accountable care organizations, in which my providers participate, and the contractors and third party administrators of any of these parties.

3. **Release of Information by Payers and Networks**: 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 Allina or any other provider, with Allina, other providers from whom I have received services, or any other payer, payer network organization, including accountable care organizations, in which my provider participates, and the contractors and third party administrators of these parties as needed for payment and health care operations.

4. **Release of Information to Health Care Providers**: I consent to the release of my health records created, received and maintained by Allina for my treatment to other health care providers who are involved in my treatment. This consent does NOT include release of information obtained by or created in a drug or alcohol abuse treatment unit.

5. **Consent for Use of Medical Records in Research:** I authorize Allina Hospitals & Clinics to use or disclose my medical records for research, including health records created by Allina and those records Allina receives from other health care providers while treating me unless I check here. ☐

This consent will continue forever unless you cancel it by writing us at: Allina Health Information Management, Mail Route 20300, 800 East 28th Street, Minneapolis, MN 55407; but if the consent is cancelled, it will not change releases that have already been made.

Patient or Legal Representative Signature	Date/Time
Legal Representative Printed Name (if signing for patient)	Authority to sign for patient (Attach Documentation)