

CONSENT FOR RELEASE OF INFORMATION

We at OSF Saint Francis Outpatient Rehabilitation strictly honor your privacy regarding your health information. Therefore, in order to discuss medical care and treatment with your family or friends either in the office or by telephone, we need your written consent. We will then be able to disclose evaluation and progress information, treatment plans, recommendations, etc.

Below please list those with whom we may discuss your medical care. Please list their name and relationship to you (i.e., spouse, child, parent, friend, etc.)

NAME:

RELATIONSHIP:

I hereby authorize OSF Saint Francis Outpatient Rehabilitation to discuss my medical care with the above listed person(s) until I revoke this permission in writing.

Patient Signature (or authorized representative)

Date

Patient's Name (printed)

Date of Birth