

Osseo Police Department
PO Box 308
Osseo, WI 54758
715-597-2481

SACRED HEART HOSPITAL
900 West Clairemont Avenue
Eau Claire, WI 54701

Please check one:
 Information requested
has been sent.
 Please send information
requested.

MED. REC. # _____

INFORMED CONSENT FOR DISCLOSURE OF MEDICAL INFORMATION

PATIENT NAME _____ BIRTHDATE _____

MAIDEN/PREVIOUS NAMES _____

I hereby consent to and authorize information regarding the above identified person to be released:

FROM: Sacred Heart Hospital
Person/Facility/Organization

TO: _____
Person/Facility/Organization

900 W. Clairemont Ave
Address

Address

Eau Claire, WI 54701
City/State/Zip

City/State/Zip

ATTN: _____

PURPOSE FOR DISCLOSURE: _____

SPECIFIC TYPE OF INFORMATION TO BE DISCLOSED: _____

I hereby consent to the release of the above information, including any alcohol, drug abuse, and/or mental health records obtained in the course of my diagnosis and treatment. I understand that this consent is revocable at any time by written notice to the Sacred Heart Hospital Medical Record Department. This consent will remain in force for six months unless otherwise specified: _____

DATE: _____

Signature of Patient

Witness to Signature

Parent/Legal Gardian/Authorized Rep.
If signed by person other than patient,
state relationship and authority to do so.

NOTE TO RECIPIENT OF MEDICAL RECORD INFORMATION: This information is not to be released to other sources without again seeking the permission of the patient.

NOTE TO RECIPIENT OF DRUG AND ALCOHOL ABUSE INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Unless the records of your program are also subject to the Federal Law, Federal regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this course.