

arrange to review or obtain copies of my health information by contacting my health care organization. Right to Receive a Copy of This Authorization – I understand that if I agree to sign this authorization, I have been advised to retain a copy of it. Right to Refuse to Sign This Authorization – I understand that I am under no obligation to sign this form. Treatment, payment, enrollment or eligibility for benefits may not be based upon my decision to sign this authorization. (Exceptions: To provide care that is done solely for the purpose of creating information to release to another party, in which case care cannot be provided without authorizing disclosure. Authorization is needed to release information to payers for certain mental health services and HIV testing. If I refuse to sign the authorization form for this purpose, I understand I may be responsible for paying the entire bill for these services). Right to Revoke This Authorization – I understand that I may revoke this authorization. A description of how to revoke the authorization and any exceptions are included in the Notice of Privacy Practices. This notice is available at my health care organization's website, as listed above, or at the patient registration desk. HIV Test Results – HIV test results are protected under Wisconsin state statute 252.15 and the Illinois AIDS Confidentiality Act (410 ILCS 305 et seq) may not be disclosed without written informed consent/authorization, except to persons or organizations that have been given access by state law. A list of those persons/organizations is available upon request.

I understand that there is not a fee associated to accessing ChartMyHealth.

This authorization will not expire unless revoked by the patient or Legal Representative.

Date	Time	Signature of Patient if Age 12-17 Signature of *Legal Representative for all Others
State Relationship to Patient	If signed by Legal Representative – Print Name	

Return completed authorization to St. Anthony's Memorial Hospital, Health Information Management Department, 503 N. Maple, Effingham Illinois 62401

A photocopy of this authorization will have the same force and effect as the original.

* Legal Representative means the parent; guardian; legal custodian of a minor patient; the guardian of a patient adjudged incompetent; a person authorized in writing by the patient; a health care agent designated under Wisconsin Chapter 155 and the Illinois Powers of For Health Care Law (755 ILCS 45/4-1 et seq) if properly activated; a temporary guardian appointed by a court to consent to release of health care records; the spouse, domestic partner or personal representative of a deceased patient, or if no spouse or domestic partner survives a deceased patient (and no personal representative), an adult member of the deceased patient's immediate family. A copy of the appointment as personal representative, guardian, or health care agent is required.

AUTHORIZATION TO ACCESS ONLINE MEDICAL RECORDS