

The Most Worshipful Grand Lodge of
Ancient Free and Accepted Masons
of the State of Illinois



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**CONSENT FOR RELEASE AND USE OF CONFIDENTIAL INFORMATION
AND RECEIPT OF NOTICE OF PRIVACY PRACTICES POLICIES**

I, _____, hereby give my consent to Illinois Masonic Outreach Services to use or disclose, for the purposes of either evaluating my application for services or continuing the provision of services to me from Illinois Masonic Outreach Services all information contained in the patient record of _____. I acknowledge receipt of Illinois Masonic Outreach Services Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how Illinois Masonic Outreach Services may use and disclose my confidential information. I understand that Illinois Masonic Outreach Services has reserved the right to change their privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be made available at the offices of Illinois Masonic Outreach Services and will be available on the internet at the website of Illinois Masonic Outreach Services. 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 Illinois Masonic Outreach Services. By giving this consent I acknowledge for my physician, hospital, nursing home, or other caregiver, that I understand my right under the Federal Health Insurance Portability and Protection Act (HIPPA) to maintain privacy of my records and to limit their use. My consent is intended to so advise any medical provider or caregiver that they are authorized to share these records with Illinois Masonic Outreach Services and that doing so is intended to be in compliance with all statutes and regulations pertaining to HIPPA. I further understand that while I can revoke this consent at any time by giving written notice of my desire so to do to both my medical provider or caregiver and Illinois Masonic Outreach Services, I will not be able to revoke this consent to the extent any medical provider or caregiver or Illinois Masonic Outreach Services has relied on it to use or disclose my health information. Written revocation of consent must be sent to my medical provider or caregiver as well as Illinois Masonic Outreach Services.

Signed: _____ Date: _____