## AUTHORIZATION TO RELEASE INFORMATION

I,	, authorize	_(name
of physic	ian or facility) to release to The Bryan D. Ross Foundation (the "Foundation	ı") any
information	on relating to the attached bills. I have applied to the Foundation for financial assist	ance in
connectio	n with the payment of these bills and have submitted these bills to the Foundati	ion. A
representa	ative of the Foundation may be contacting you to discuss the attached.	
A	though the Foundation is not a covered entity under the Health Insurance Portabil	ity and
Accounta	bility Act of 1996, P.L. 104-191 ("HIPAA"), the Foundation, its Board of Directors	and all
individua	Is associated with the Foundation understand that the attached information a	nd the
information	on that your office may disclose to it may constitute protected health information sul	bject to
HIPAA's	Privacy Rule. The Foundation agrees that all information disclosed to it shall be	treated
consistent	t with HIPAA's Privacy Rule.	
	(Name of Applicant)	
	DATE:	