

AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize _____ (name of physician or facility) to release to The Bryan D. Ross Foundation (the "Foundation") any information relating to the attached bills. I have applied to the Foundation for financial assistance in connection with the payment of these bills and have submitted these bills to the Foundation. A representative of the Foundation may be contacting you to discuss the attached.

Although the Foundation is not a covered entity under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA"), the Foundation, its Board of Directors and all individuals associated with the Foundation understand that the attached information and the information that your office may disclose to it may constitute protected health information subject to HIPAA's Privacy Rule. The Foundation agrees that all information disclosed to it shall be treated consistent with HIPAA's Privacy Rule.

(Name of Applicant)

DATE: _____