Health Status Release Form

Dialysis Patient Consent to Release Health Status Information to Fellow Patients

Due to HIPAA privacy laws, dialysis team members are unable to discuss the health status of a patient with their fellow patients, such as when they are hospitalized or if they should pass away. This form allows you (the patient) to decide who you would like to have informed at your clinic if your health status should change.

I, (print patient name)_____ am completing this form to provide my consent as to what health information the dialysis staff at (print dialysis clinic name) _____ can share with fellow patients if something should happen to me.

1. Please select one of the following:

   ☐ YES, I would like to choose who my dialysis care team can share my health status with. (If you select YES, please complete questions 2 and 3 before signing)
   ☐ NO, I do not want my dialysis care team to share my health status with anyone at my dialysis clinic. (If you select NO, skip questions 2 and 3 and sign at the bottom)

2. If my health status should change to one of the following, I would like my dialysis care team to share my health status with my selected patient(s) if I (please answer each Y/N option):

   ☐ Yes ☐ No Become hospitalized
   ☐ Yes ☐ No Am admitted to a nursing home/rehab center
   ☐ Yes ☐ No Receive a transplant
   ☐ Yes ☐ No Pass away
   ☐ Yes ☐ No Other:_____

3. If one of the above should happen to me, I give my dialysis care team permission to share that information with the following individual(s):

   ☐ Yes ☐ No Patients on my same dialysis shift
   ☐ Yes ☐ No Any patient from my dialysis clinic

   Only with the following patients _____
   _____

_____ _____
Patient name (print) *Clinic staff witness name (print)*

_____ _____ _____ _____
Patient signature *Date* *Clinic staff witness signature* *Date*

This agreement will expire one year from the date of signature, unless previously revoked or otherwise specified. *Attention dialysis team members:* Please make a copy of this document for the patient and place the original in the patient's medical record for reference. The document needs to be renewed annually.

For more information or to file a grievance, please contact:
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This form was developed at the request of patients and with the help of Qsource ESRD Network 12's Network Patient Representatives (NPRs), who are patient volunteers serving to make a difference in their dialysis clinics. This resource was developed while under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract #HHSM-500-2016-00010C. The contents presented do not necessarily reflect CMS policy. 20.Q-ESRD10.03.019