CONSENT FOR PHILANTHROPY DEPARTMENT ASSISTANCE

Thank you for your investments in quality care at Lahey Clinic. We, in Philanthropy, stand ready to provide assistance should the need arise. Please sign this consent form allowing us to continue to provide you with assistance during your visits to Lahey Clinic.

Patient Information

Patient Full Name: _____

Patient Address: _____

Patient Address II: _____

City: _____State: _____Zip: _____

Lahey Clinic #: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Consent

On my behalf, I hereby give my consent for the Lahey Clinic Foundation Philanthropy Department:

To view and access my medical appointments and demographic information for the purpose of assisting me to schedule appointments, accessing physicians and other medical personnel on my behalf, assisting with referrals, visiting me in the Clinic when present for appointments, assisting me with obtaining medical records to forward them to other institutions, and providing me with the other general Clinic navigational assistance.

Patient Consent to Use of Email

I, _____ hereby authorize Lahey Clinic to send electronic mail to me at the following address: _____.

Email Address

I acknowledge receipt of the "Statement to Patients Regarding the use of Email", and I understand that Lahey Clinic cannot assure the protection or confidentiality of Email communications with me. I understand that I may revoke this consent at any time.

Patient Signature: _____Date: _____

Sign Here _____ Date _____

Patient's Signature — Date*

_____ _____

Parent/Legally Recognized Representative Signature** — Date**

_____ _____

Witness — Date

Lahey CLINIC

Know Your Privacy Rights
Refer to the HIPAA
"PRIVACY NOTICE"
Rev. 11/07

You may revoke this Authorization at any time by providing a written statement to the Philanthropy Department, except to the extent that Lahey has already completed action on it.