

HIPAA RELEASE & REQUEST FOR HEALTH RECORDS

TO: _____ CLAIM: _____

ATTN: _____

RE: NAME: _____
ADDRESS: _____
DOB: _____
SSN#: _____

Date of Admission or Treatment: _____
Location of Treatment: _____

The undersigned patient, _____, specifically requests that the above-named health care provider supply the information and exact copies of the documents described below directly to:

KAI Advantage Auto, Inc.
150 Northwest Point Blvd.
Elk Grove Village, IL 60007

This request, authorization and release for such records is for the purpose of obtaining evidence in personal injury litigation and/or insurance claims investigation. This request, authorization and release addresses and concerns information protected by the Health Insurance Portability and Accountability Act of 1996 explicitly. The documents requested include:

Any and all physician or health provider office notes, correspondence, consultative reports, laboratory, diagnostic, and radiology reports, prescription and medication records, physical therapy notes and records with any hospital records, histories, examinations, admission and discharge records, physician, hospital, nursing, therapy notes, orders, operative reports, laboratory reports, interpretive reports of any diagnostic procedure, graphic charts, films, notes, records, consent forms, bills, itemized billing, invoices, claim forms, and any other document included in the chart or file for this patient or which is part of the patient's record.

Note: this release only authorizes the above-named provider to discuss and provide this patient's records of/and condition, care, and treatment with the above-named recipient only, and is not a general release.

This authorization, consent and request is subject to revocation at any time by the patient, and if not so revoked, shall expire ninety (90) days from the date hereof.

"Recipients" shall mean all parties, third-parties, carriers, and non-parties that receive the documents sought.

"HIPAA" shall mean the Health Insurance Portability and Accountability of 1996, codified primarily at 18, 26 & 42 U.S.C. (2002).

"Privacy Standards" shall mean the Standards for Privacy of Individually Identifiable Health Information. See 45 C.F.R. §§ 160 & 164 (2002).

"PHI" shall mean protected health information, as that term is used in HIPAA and the Privacy Standards.

THE UNDERSIGNED AGREES TO THE FOLLOWING TERMS AND LIMITATIONS:

1. The undersigned is familiar with HIPAA and the Privacy Standards.
2. The undersigned recognizes that it may be necessary during the course of this proceeding to produce PHI of claimants, parties, third-parties, and non-parties to other parties, third-parties, and non-parties.
3. The undersigned agrees not to use or disclose the PHI released for this proceeding for any other purpose or in any other proceeding.
4. The recipient is to store all PHI while it is in their possession according to the Privacy Standards.
5. The undersigned's medical records or any portion submitted into evidence in this litigation shall be sealed and not available for public scrutiny.
6. The undersigned and recipients agree at the termination of this proceeding and/or claim to dispose of the PHI released during the course of this proceeding and/or claim pursuant to the Privacy Standards.

Dated

Witness

Dated