



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 numbered 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 the information with my selected person or people (mark an answer for each):

- Hospitalized YES NO
- Admitted to a nursing home/rehab center YES NO
- Received a transplant YES NO
- Passed away YES NO
- Other: _____ YES NO

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):

- Only with the following patient(s): _____
- Patients on my same dialysis shift YES NO
- My entire dialysis clinic YES NO

Patient name (print)

Clinic staff witness name (print)

Patient signature
Date
(*must sign in front of a clinic staff witness)

Clinic staff witness signature
Date

ATTENTION DIALYSIS CARE TEAM MEMBERS: Please make a copy of this document for the patient and place the original in the patient’s medical record for reference in the future. It is recommended that this document be renewed on an annual basis.

This form was developed at the request of patients and with the help of Heartland Kidney Network’s Network Patient Representatives (NPRs), who are patient volunteers serving to make a difference in their dialysis clinics.