

#### Foot & Ankle

George Holmes, Jr., M.D. Simon Lee M.D.

### Hand & Elbow

Mark Cohen, M.D. John Fernancez, M.D.

#### Joint Reconstruction

Richard Berger, M.D. Craig Delia Valle, M.D. Jorge Galante, M.D. Joshus Jacobs, M.D. Wa, he Paprosky, M.D. Aaron Rosenberg, M.D. Mitthell Shemkop, M.D. Scott Sporer, M.D.

# Pediatric Orthopaedics & Scoliosis

Jeffrey Sawyer, M.D.

#### Physical Medicine/Pain Medicine

April Fetzer, D.G \* Joseph Fillmore, M.D., M.B.A Yepa Zhang, W.D., Ph.D

#### Spine, Back & Neck

Howard An, M.D. Gunnar Angersson, M.D., Ph.D. Egward Goldberg, M.D. Frank Phillips, M.D.

## Sports Medicine

Bernard Bach, Jr., M.D.
Charler Bush-Joseph, M.D.
Brian Cole, M.D., M.B.A.
Gregory Micholson, M.D.
Anthony Romeo, M.D.
rikhiri Verma, M.D.
Kathleen Weber, M.D.

# Authorization for Use and Disclosure of Protected Health Information for Fundraising and Related Communications

Address:
Phone #:Birth Date:
I authorize Midwest Orthopaedics at Rush to use and disclose to Rush University Medica Center (RUMC) the name of my physician and the name of the department in which I was treated.
I understand that this authorization will permit RUMC to contact me about opportunities to support RUMC in fundraising events that may pertain to my personal health concerns. In addition, I understand that I may be provided with relevant information on health developments and programs through newsletters, press releases and other materials.
The above-named practice and RUMC fully support the protection of health information. Only the above-named practice and RUMC will use my health information to contact me. My name will not appear on any patient list that will be loaned or sold by RUMC or medical practice or used for telemarketing purposes.
This authorization is voluntary. My failure to sign this authorization will not affect my treatment, payment or eligibility for benefits in any way.
This authorization is valid until revoked. I may revoke this authorization at any time by submitting a request in writing to Rush University Medical Center, Philanthropy Office 1700 W. Van Buren, Chicago, IL 60612. The revocation will be effective except to the extent that RUMC has already relied on my authorization.
Date: Signature (patient or authorized personal representative)

Approved by the Rush Privacy Office 9/2005