Loyola Law School
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Loyola Center for Conflict Resolution

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Bill Hobbs, Founding Director

AUTHORIZATION FOR RELEASE AND EXCHANGE OF HEALTH INFORMATION AS PART OF A CONFIDENTIAL MEDIATION OR CONCILIATION

Regarding My Bill With: _____

LCCR File No: _____

Your Account/Reference No: _____

I, _____, authorize _____, and any person, physician, health care provider, office, insurance carrier, hospital and/or debt collection agency (collectively referred to as providers) to furnish and disclose (orally and/or in writing) any and all information to Loyola Center for Conflict Resolution (LCCR) regarding my bill(s), and to provide copies of any and all billing records concerning my accounts, billing statements, invoices, and/or claims regarding services received from _____ _____ during the month(s)/year(s) of _____, for purposes of resolution of a dispute through a confidential mediation and/or conciliation process.

I _____, authorize Loyola Center for Conflict Resolution (LCCR) to furnish written records and/or to disclose verbally any and all medical information that I have provided to LCCR, and identified as not being confidential, either orally and/or in writing with _____, regarding my accounts, billing statements, invoices, and claims regarding services received from _____ _____during the month(s)/year(s) of _____, for purposes of resolving my dispute through a confidential mediation and/or conciliation process.

I authorize the above-named providers and LCCR to share this information as part of a confidential mediation and/or conciliation process and not to re-disclose this information to anyone who is not a part of the confidential mediation and/or conciliation without express written permission to do so.

I understand that I can revoke this authorization in writing at any time. I agree that photocopies and/or faxes of this authorization shall be as valid as the original. I understand this authorization is valid for one full year from the date of the signature date below.

Date: _____ Please print name: _____

Case Manager: _____ Signature: _____