

SPIRITUWELL PATIENT CONSENT FORM

SpirituWell is offering its spiritual care services (the "Services") to you in connection with care provided to you by your health care provider, PROCURE MEDICAL GMBH, CO., doing business as "Fresenius Medical Care" ("Provider"). In order for SpirituWell to provide you with the Services, it will need to collect certain personally identifiable information ("PII") from you and information which may be considered personal health information ("PHI") under the Health Insurance Portability and Accountability Act ("HIPPA") when collected in the course of care provided in connection with your Provider, such as any documentation that a SpirituWell chaplain creates, such as an encounter summary. HIPPA requires that we have your written authorization in order to share such information with your provider.

By signing this form, you authorize the following:

1. I consent to receive Services from SpirituWell, and I hereby provide my consent for SpirituWell to collect and store PII and PHI from me in connection with the Services.
2. I specifically authorize SpirituWell to share PHI that SpirituWell may collect or create in connection with the Services with my Provider.

I understand that I may cancel this authorization at any time, except to the extent information has been released in reliance upon this authorization.

Accepted and agreed by signature:

By typing my name, I acknowledge that I have read and understand this authorization to disclose my Protected Health Information (PHI). I consent to the disclosure as described above and understand that this authorization is voluntary.

Print Name:

Date: