

Dodge County Hospital
Patient Release of Location Information

The Release of Information form is intended to provide Dodge County Hospital (DCH) personnel, primarily switchboard and information desk staff, with your wishes on how you would prefer to respond to your visitors or callers.

If you choose not to sign this form, the Dodge County Hospital will not acknowledge that you are a patient at the hospital to any visitor or caller nor will staff members provide information on how you can be reached in person or by phone. You or your family members may still provide this information to whomever you wish at your discretion.

I have explained this document to the patient or guardian and have received verbal acknowledgement from the patient or legal guardian that he/she fully understands the information contained in this document.

I hereby grant my permission to the staff of Dodge County Hospital to acknowledge my presence as a patient at the hospital and furnish a telephone number where I can be reached to outside inquirers.

In addition, I authorize DCH to provide my private physician with a copy of my Emergency Room records.

My signature also acknowledges that I have read and understand the Contract Care Notification below.

Witness: _____ Date: _____

Patient/Legal Guardian: _____ Date: _____

Contract Care Advisement/Notification:

Some or all of the health care professional performing services in this hospital are independent contractors and are not hospital agents or employees.

Independent contractors are responsible for their own actions and the hospital shall not be liable for the acts or omission of any such independent contractors.