

4401 Wornall Road Kansas City, MO 64111 816-932-2000

DATE:				*:	
Re: Authoriz	ation to Use Prote	ected Health In	formation for Case	e Study/Case	Report
Pt Name: DOB:					
Address:	4301 Madison Av	e York 66, KA	NSAS CITY		
information of	this case report, v	we need to col medical record	port pertaining to us lect health information from Saint Luke's 022.	tion about vo	n. It will include
providers' me	dical decision-mak	ing. Although t	ogy medical journal he report will include information about	le a description	n of your condition
To authorize case report, p	the use of your pro ease sign and retur	otected health in n this form in th	nformation in the properties of the properties o	eparation and	publication of this
Treatment by	not to sign this aut Saint Luke's Heal n whether you sign	th System, or p	information will no ayment, enrollment	ot be incorpor or eligibility	ated into the report. for benefits are not
We will stop of collected up	ng: Dr. Bansal at 4 collecting your heal	401 Wornall Relation and the second s	us to collect your he had, Peet Center, 5th at that time. We would revoked, this aut	h Floor, Kans	as City, MO 64111.  c health information
		Tha			
		Dh	ruv Bansal		
			Jan 4 202	2	
Patient Signat	ure	Dat	e		