



OFFICE OF HEALTH STRATEGY, HEALTH SYSTEMS PLANNING UNIT  
RELEASE/AUTHORIZATION STATEMENT REGARDING DETAILED PATIENT HOSPITAL BILLS AND  
CONSUMER COMPLAINT INFORMATION

Name of Complainant/Legal  
Representative:

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Name of Patient (If different from  
above):

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Relationship of Complainant to Patient:

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Name of Hospital:

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The complainant, or legally authorized representative, does hereby grant permission to the Office of Health Strategy (OHS), Health Systems Planning unit (HSP), to release documents filed with OHS pertaining to the above named patient, including but not limited to the complainant's letters or emails describing the complaint matter and any attached medical billing or insurance documents. Such documents may only be released to another state agency that may assist in the particular matter or to a member of executive administration of the above named hospital.

By signing below, the complainant allows such information to be used and disclosed in OHS attempt to assist in resolving the complaint. Any other uses and disclosures may be made only with the complainant's written permission. The complainant may revoke this permission at any time, or request restrictions on uses or disclosures of the information. OHS does not request or require a copy of medical records regarding the patient's hospital stay or visit; only a description of the matter and the detailed hospital bill.

The undersigned acknowledges the above and hereby authorizes OHS to release the complainant letter, its attachments and any detailed bill in order to assist with the complaint. No information can be released prior to the execution of this form. Legally authorized representatives are required to provide proof that they are legally authorized to act on behalf of the patient.

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Date

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Complainant/Legal Representative