



MASSACHUSETTS
GENERAL HOSPITAL

SOCIAL SERVICE

Southwest Airlines Medical Transportation Grant Program

Authorization to Release Protected Health Information

The Social Service Department at Massachusetts General Hospital (MGH) is pleased to be able to offer you assistance with your air travel expenses through the Southwest Airlines Medical Transportation Grant program. Through this program, the Social Service Department is able to provide you with a Southwest Airline travel pass for travel to and/or from Boston in accordance with the terms and conditions printed on the travel pass.

As part of the Grant program, the Social Service Department is required to periodically submit usage reports to Southwest Airlines. These reports indicate for each pass issued by the Social Service Department, the pass number, the date of issue, whether the traveler named on the pass was a patient or caregiver at the time of travel, and the origin and destination airports.

Your name is not specifically included in any usage report, but it is possible that Southwest Airlines may be able to use the above information in combination with information in their reservations database to identify you. Southwest Airlines has assured us that the purpose of the usage reports is to help it track the travel passes and ensure they are being used appropriately. It has also assured us that it does not routinely cross-reference information in its reservation database with information in usage reports.

We want you to be aware that by participating in the Grant program, you are agreeing for the above protected health information about you to be shared with Southwest Airlines.

I understand that:

- I may refuse to sign this authorization and decline to participate in the Southwest Airlines Medical Transportation Grant Program.
- My treatment, payment, health plan enrollment, or eligibility for benefits will not be conditioned on my signing this authorization; however, if I do not sign this authorization, I may not receive assistance through the Southwest Airlines Transportation Grant Program.
- I may change my mind and take back this authorization except to the extent that action has been taken in reliance on the authorization. For instance, I may take back this authorization if I decide not to accept the travel pass and MGH has not yet disclosed the authorized information.

PLEASE RETAIN A COPY OF YOUR SIGNED AUTHORIZATION FORM FOR YOUR RECORDS

- To take back this authorization, call Ellen Forman, LICSW, Manager, Community Resource Center, at 617-726-5807, or fax your written request to her attention at 617-724-1800.
- Information released by MGH pursuant to this Authorization to Release Protected Health Information may be re-disclosed by Southwest Airlines to other parties.
- This Authorization to Release Protected Health Information will automatically expire two (2) years from the date it is signed.

I have carefully read and understand the above, have had any questions explained to my satisfaction, and do herein expressly and voluntarily authorize Massachusetts General Hospital to disclose the above information to Southwest Airlines for purposes of participation in the Medical Transportation Grant program.

Patient's Signature: _____ **Date:** _____

Print Name: _____

Date of Birth: _____

When the patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

Signature of Legal Representative: _____ **Date:** _____

Print Name: _____

Relationship of representative to patient: _____

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