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Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 07/31/2009 12:48 PM Pg: 1 of 2

HIPAA Release Authority Addendum to the

Power of Attorney for Health Care of

Patrick J. Brennan

I intend for the person named as my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records including providing to them a medical opinion about my capacity. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a.k.a. HIPAA), 42 USC 1320d and 45 CFR 160.164. I authorize:

Any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau Inc or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

The authority given my agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

Date: 7/29/09

Patrick J. Brennan
(Principal)

The Principal has had an opportunity to read the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence.

Witness: Robert J. Kelly

Residing at: 4813 S. Roberts Rd Mchenry IL 60051 7-29-09

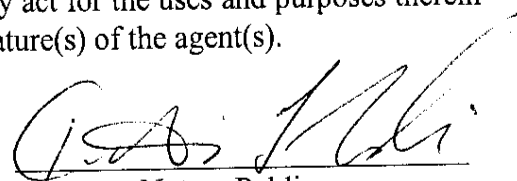
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STATE OF ILLINOIS)
) ss
COUNTY OF Waukegan)

The undersigned, a notary public in and for the above county and state, certifies that PATRICK J BRENNAN and _____, is known to me to be the same persons whose names are subscribed as principal and witness to the foregoing instrument, appeared before me in person and acknowledged signing and delivering the instrument as their free and voluntary act for the uses and purposes therein set forth and certified to the correctness of the signature(s) of the agent(s).

Dated: 7/29/04


Notary Public

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