

MOUNT SINAI USE OF INFORMATION AUTHORIZATION

Dear Patient,

Like other major academic medical centers, Mount Sinai depends greatly upon the generosity of our patients to help us provide the finest in patient care.

Federal law now requires health care providers to obtain your written authorization prior to contacting you with marketing information or about philanthropic initiatives that support the work of your doctors. Your permission for disclosure of your name will allow Mount Sinai staff to contact you about marketing and philanthropic efforts that may be of interest to you.

No other information about you or your medical treatment will be

disclosed - that is strictly between you and your doctor. Maintaining

patient confidentiality and ensuring your right to privacy

will always be a priority at Mount Sinai.

If you have any questions, please call the Mount Sinai Development Office at (212) 659-8500.

Thank you.

I authorize any doctor employed by or on the staff of The Mount Sinai Hospital and Mount Sinai School of Medicine ("Mount Sinai") to disclose my name and contact

contacting me about Mount Sinai marketing and philanthropy opportunities. I understand that my health care treatment at Mount Sinai will not be affected in any way by my refusal or failure to sign this form. My name and contact information will not be released to any third parties for any purpose other

than that expressed above. This authorization will remain in effect for five years. However, I may revoke this authorization at any time by writing to the Mount Sinai Development Office, One Gustave L. Levy Place, Box 1049, New York, New York

10029-0574. By signing below, I acknowledge that I have read and accept all of the terms above.