

Second Wind Lung Transplant Association, Inc.

**FINANCIAL ASSISTANCE FUND  
PATIENT RELEASE FORM**

**PLEASE READ CAREFULLY BEFORE SIGNING**

The undersigned authorizes any physician or other provider of health services or any financial institution to release to Second Wind Lung Transplant Association, Inc. (Second Wind) and its agents, upon request, any information including, but not limited to, medical records, financial records, bank statements, real estate holdings, and tax records of any individual applicant, parents, spouse or guardian if such information is considered necessary for the processing of this request for financial assistance in order to fulfill obligations imposed by Financial Assistance Fund policies and procedures.

I fully understand and agree that:

- (1) Second Wind has the right to accept or reject this request for financial aid and that Second Wind will determine the effective date of any financial aid granted as a result of this request;
- (2) no request for financial assistance will be processed until all fully completed forms and documentation are received or if the witness' printed name, signature and/or date are missing; and,
- (3) any financial assistance will depend upon availability of funds.

It is further understood and agreed that the Financial Assistance Fund may deny assistance or discontinue assistance if it is determined that any information is misrepresented on the application form.

The undersigned hereby represents that the information on this application and any other information furnished by the undersigned is complete, true and correctly recorded.

I have read and understood each and every part of this application for financial assistance from the Financial Assistance Fund.

**Applicant's Name:** \_\_\_\_\_  
(Please Print)

**Signature of Applicant/Guardian X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness's Name:** \_\_\_\_\_  
(Please Print)

**Witness Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All information is held secure and confidential.**

**Applicant STOP and forward application and Release Form to Social Worker, Nurse Coordinator or Financial Coordinator. Include stamped envelope addressed to Second Wind at address shown on page 3.**