

DATA RELEASE CONSENT

Individual hospital revenue data submitted through the AHA Annual Survey cannot be released by the AHA without the hospital's written consent. I hereby grant AHA permission to release my hospital's revenue data along with the rest of my survey to America's Essential Hospitals.

Chief Operating Officers Signature	
Chief Operating Officers Name	
Name of Hospital	
Street Address	
City	
State	
Zip	

We kindly request you return this form to Katie Reid, Manager of Analytics, by email (kreid@essentialhospitals.org) or by fax (202-585-0101) by April 30. You can also contact Katie with any questions or concerns via the email above or by phone (202-585-0119).