Angel Wings

Application Packet

The application must include the following documents and be submitted as a single packet or be subject to denial.

* Doctor’s letter addressed to LJ’s Healing Hearts verifying Congenital Heart Defect diagnosis- the letter must be on doctors official letterhead
* Assistance Request Form (included)
* Patient Authorization (included)
* Copy of Death Certificate
* Proof of Residence – copy of drivers license or utility bill

Optional

The below are optional and if not included will not impact your application

Share your story

Media release

**REQUEST FORM**



**Patient Authorization**

**This letter should be shared with the healthcare professional or organization providing care to your child. It will allow LJ’s Healing Hearts to validate information included in your application for assistance.**

Dear Healthcare Provider,

**Authorized Designee for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an applicant for assistance through LJ’s Healing Hearts, an Illinois not-for-profit corporation with its principal offices at 1S750 Vista Avenue in Lombard, Illinois (6048), hereby authorize the following designated representatives of LJ’s Healing Hearts, or any designated representative named by such corporation for the limited purpose of carrying out the responsibilities of determining whether I, my successors or assigns qualify for benefits, donations or other assistance provided by, on behalf of or in relation to my application for assistance through LJ’s Healing Hearts, regardless of whether I am selected as a recipient of benefits, donations or other assistance, to act as my agents with respect to the matters specified in this Release:

Betsy Shannon
Vice President
LJ’s Healing Hearts
1S750 Vista Avenue
Lombard, Illinois 60148

**Authorization for Release of Protected Information**

I hereby authorize any doctor, physician, medical specialist, psychiatrist, chiropractor, health-care professional, dentist, optometrist, health plan, hospital, hospice, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, pathologist, or other provider of medical or mental health care, as well as any insurance company and the Medical Information Bureau Inc. or other health-care clearinghouse that has paid for or is seeking payment from me for such services (referred to herein as a "covered entity"), to give, disclose, and release to my agent who is named herein and who is currently serving as such, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually-transmitted diseases, mental illness, and drug or alcohol abuse. Additionally, this disclosure shall include the ability to ask questions and discuss this protected medical information with the person or entity who has possession of the protected medical information even if I am fully competent to ask questions and discuss this matter at the time. It is my intention to give a full authorization to any protected medical information, pertaining to myself or my child, to my agent.

The authority given to 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 individually identifiable health information and other medical records given, disclosed, or released to my agent may be subject to redisclosure by my agent and may no longer be protected by HIPAA.

This Release and all of the provisions contained herein are effective immediately. I intend for my agent to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information, the same of my child and other related medical records. This Release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C.A. § 1320d, and 45 C.F.R. § 160.101 et seq.

This Release shall terminate on the first to occur of: (1) two years following my death, or (2) upon my written revocation actually received by the covered entity. Proof of receipt of my written revocation may be by certified mail, registered mail, facsimile, electronic mail, or any other receipt evidencing actual receipt by the covered entity. This Release shall not be affected by my subsequent disability or incapacity. There are no exceptions to my right to revoke this Release.

Further, I hereby release each covered entity, as defined by HIPAA, that acts in reliance on this Release from any and all liability, which may result from my disclosing my individually identifiable health information, that of my child or spouse, and other medical records for the purpose of applying for assistance through LJ’s Healing Hearts.

I authorize my agent or their designee to bring a legal action against a covered entity, which refuses to accept and recognize this Release. No covered entity may condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization when the prohibition on conditioning of authorizations in 45 CFR 164.508(b)(4) applies.

Further, in order to fulfill my intent as expressed herein, I authorize my agent or their designee to sign any documentation that my agent deems necessary or appropriate in order to secure the disclosure of my individually identifiable health information and other medical records.

Any information disclosed to my agent or their designee pursuant to this Release may subsequently be disclosed to another party by my agent. My agent shall not be required to indemnify a covered entity or perform any act in the event information is subsequently disclosed by my agent.

As stated above, I hereby authorize and agree to the terms of this release of protected information, as set forth above, on this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Illinois.

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Signature Date

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Name (Print) Relationship to Child

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Address City State Zip

**Witnessed by:**

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Address City State Zip

**SHARE YOUR STORY**

Please tell us about your Heart Warrior and your journey as a CHD family.

Stories of our families help to spread awareness on our social media platform.

Please include a picture if you decide to share!!

**MEDIA RELEASE**

BY SIGNING, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF

THIS WAIVER AND RELEASE AND THAT YOU ARE GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING

THE RIGHT TO SUE THE COMPANY.

LJ’S HEALING HEARTS, CORP.

PUBLICITY WAIVER AND RELEASE

LJ’s Healing Hearts, an Illinois not­for­profit corporation, with its principle place of business at 1S750 Vista Avenue in Lombard, Illinois, (the “Company”) desires to use and publicize the name, likeness and other personal characteristics and private information of the individual named below (”I” or “me”) for advertising, promotion, and other business purposes related to the Company. If signing on behalf of an individual under the age of eighteen as a parent or legal guardian (“minor”), I understand

that the terms “I” or “me” when used herein shall be understood as applying to the rights, obligations and responsibilities of the minor as well as my rights, obligations and responsibilities with respect to the minor’s participation in this agreement.

In exchange for the intangible value I will gain by participating in the Company’s publicity programs and for other good and valuable consideration, which is hereby acknowledged, I hereby irrevocably permit, authorize, and license the Company and its affiliates, successors, and assigns, and their respective licensees, advertising agencies, promotion agencies, and fulfillment agencies,

and the employees, officers, directors, and agents of each and all of them (”Authorized Persons”), to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, exploit, sell, rent, license, otherwise use, and permit others to use my name, image, likeness, appearance, voice, professional and personal biographical information, and other personal characteristics and private information, and all materials created by or on behalf of the Company that incorporate any of the foregoing (”Materials”), on a perpetual basis throughout the world and in any medium or format whatsoever now existing or hereafter created, including but not limited to, in and on magazines, brochures and other print publications, electronic, digital and optical media, television broadcasts, radio broadcasts, display, point­of­sale, and other advertising and promotional materials, press releases, and on the internet, for any purpose, including but not limited to advertising, public relations, publicity, packaging, and promotion of the Company and its affiliates and their businesses, products, and services, without further consent from or royalty, payment, or other compensation due to me unless otherwise expressly provided in writing in this Agreement.

I hereby irrevocably transfer and assign to the Company my entire right, title, and interest, if any, in and to the Materials and all copyrights in the Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers. I acknowledge and agree that I have no right to review or approve Materials before they are used by the Company, and that the Company has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from the Company’s editing, alteration, or use of the Materials. The Company has no obligation to use the Materials or to exercise any rights given by this Agreement.

To the fullest extent permitted by applicable law, I hereby irrevocably waive all legal and equitable rights relating to all liabilities, claims, demands, actions, suits, damages, and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, defamation, invasion of rights of privacy, rights of publicity, intrusion, false light, public disclosure of private facts, physical or emotional injury or distress, or any similar claim or cause of action in tort, contract, or any other legal theory, now known or hereafter known in any jurisdiction throughout the world (collectively, “Claims”) arising directly or indirectly from any Authorized Persons’ exercise of their rights under this Waiver and Release and the use and exploitation of the Materials, and whether resulting in whole or in part by the negligence of the Company or any other person, covenant not to make or bring any such Claim against any Authorized Persons, and forever release and discharge the Authorized Persons from liability under such Claims.

I represent and warrant to Company that the Authorized Persons’ use of the Materials and the rights and license granted hereunder do not, and will not, violate any right of, or conflict with or violate any contract with or commitment made to, any person or entity, and that no consent or authorization from any third party is required in connection herewith. Further, I agree to indemnify Company against any claim that the use of the Materials and the rights and licenses granted hereunder violate, or conflict with, any rights of third parties to the Materials.

This Agreement constitutes the sole and entire agreement of the parties with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the parties hereto and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Illinois, without giving effect to any choice or conflict of law

provision or rule (whether of the State of Illinois or any other jurisdiction. Any claim or cause of action arising under this Agreement shall be brought only in the federal and state courts located in the County of DuPage in the State of Illinois, and the parties hereby consent to the exclusive jurisdiction of such courts.

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NAME (PLEASE PRINT) SIGNATURE

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ADDRESS DATE

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CITY, STATE ZIP CODE NAME OF MINOR (IF APPLICABLE)