



CONSENT TO DISCLOSE YOUR IDENTITY

The Renal Network will not reveal your name to any facility or health care professional named in your grievance without your consent.

If you do not give permission to *The Renal Network* to use your name, we will handle your grievance as an anonymous grievance. An anonymous grievance may be more difficult to investigate, which may prevent your concerns from being fully addressed.

Please use a check mark to indicate either YES or NO and return the signed document to [Name of Network contact person], *The Renal Network*, 911 E. 96th Street, Suite 202, Indianapolis, IN 46240

YES, I give permission to *The Renal Network* to reveal my identity.

NO, I do NOT want my identity revealed.

(Signature) Date: _____

(Please Print Your Name) Date: _____

It is important for you to know that it is unlawful for a facility or its staff to retaliate against a patient or another individual for filing a grievance. If at any time you feel that you are being discriminated against, please contact *The Renal Network* or the *Office of Health Care Regulation, Illinois Department of Public Health* immediately.

The Renal Network can be reached at:
911 E. 86th Street, Suite 202
Indianapolis, IN 46240
317-257-8265 or 1-800-456-6919

Office of Health Care Regulation, Illinois Department of Public Health can be reached at:
Central Complaint Registry
525 West Jefferson St., 5th Floor
Springfield, IL 62761-0001
1.800.252.4343