

FORM A

Request for Information under the
Illinois Hospital Report Card Act (HRCA)

I _____ am requesting to review the following information under the Illinois Hospital Report Card Act (HRCA). I understand Rush University Medical Center (RUMC) will comply with appropriate information requests within 7 business days after its receipt. Documents will be made available for inspection between the hours of 9:00 a.m.-5:00 p.m. Monday through Friday on a date provided by the Department of Nursing. I will not be provided copies of any information.

Information requested: _____

Date: _____ Requestor: _____
Contact #: _____

Department of Nursing Recipient:

Date: _____ CNO/Director: _____

Information provided for review on _____ at _____ in _____.

Note: You will be contacted with an appointment to view requested documents in the Human Resource Department, Suite 403, Armour Academic Center, 600 South Paulina.