

Chicago, IL 60613 (773) 477-4900 (773) 477-1510 -

fax

## AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

| Patient(s):   |  |   |                                       |   |
|---|--|---|---------------------------------------|---|
| D.  | O.B  |   |                                       | D.O.B   |
| D.  | D.O.B  |   | D.O.B                                 |   |
| I hereby authorize that the protected   | d health information   | regarding the abo   | ove-named pa                          | tient(s) be forwarded:  |
| TO:   |  | -   |                                       |   |
|   |  | _ P1  | hone #:                               |   |
|   |  |   |                                       |   |
| Disclosure will include: (check all   | that apply)  |   |                                       |   |
| □ Immunization Record   |  | □ Laboratory/X-Ray Reports  |                                       |   |
| <ul> <li>History &amp; Physical Findings</li> </ul>   |  | <ul> <li>Hospital Records</li> </ul>                              |                                       |   |
| <ul> <li>Consultation Repo</li> </ul>   | orts   | □ Other   |                                       |   |
| I understand that the information   | to be released may in  | nclude: (initial al   | l that apply)                         |   |
| <ul> <li>Records of HTLV-III or</li> <li>Psychiatric, Psychologic physical and/or emotion assessment, medication treatment plans, and/or</li> </ul> | cal records or evaluate nal illness including 1, psychiatric examina | ion and/or treatm   | nent for mentary, tests, social       | l,<br>work  |
| I release this clinic from all legal resarise from this authorization.  | ponsibilities or liabil  | ity for disclosure  | of the above in                       | nformation that may   |
| Please be aware of a fee for medical  | Сору радо<br>Сору радо   | Charge: Ses 1 through 25: Pes 26 through 50: Pes in excess of 50: | \$29.48<br>\$1.11<br>\$0.74<br>\$0.37 | (Per State of Illinois<br>Comptrollers Office-<br>Copy fees as required<br>under 735 ILCS 5/8-2006) |

| Signature | of Parent/Legal | guardian |
|-----------|-----------------|----------|
| Signature | or rarein/Legar | guaruian |

Witness

| Date: |
|-------|
|-------|

Rev. 01-21