84 Templeton Drive, Suite 106
Oswego, IL 60543
P-630.554.7654
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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name _____ Patient Date of Birth _____
Address _____
City, State, Zip _____ Phone _____

I authorize the protected health information regarding the above-named person to be exchanged between:

From:	***To:***
Provider/Institution_____	Provider/Institution_____
Address_____	Address_____
City, State Zip_____	City, State Zip_____
Phone_____	Phone_____
Fax _____	Fax _____

Disclosure will include: (check all that apply)
__ All records- (Includes, but not limited to HIV, Mental Health and Substance Abuse Information)
__ History & Physical ___ Lab Reports (AADP) __ Immunizations (AADP)
__ Progress Notes (AADP) ___ Radiology Reports __ Substance Abuse
__ Mental Health
__ Other_____

Information checked above may be released from:
__ All Dates
__ Records for the period (dates) from _____ to _____

Purpose of this information is:
__ Seeking care from a specialist physician
__ Relocation: My new address is _____
__ New insurance and must transfer care: My new insurance is _____
__ Other (please specify): _____

This authorization expires:
__ On (date): _____
__ When the following event occurs: _____
__ In 90 days from the date signed.

I also understand that this authorization is subject to revocation/withdrawal by me at any time in writing to Apple-a-Day Pediatrics except if the action has already been taken to release the information. I have the right to inspect a copy of the health information to be released. My child's treatment, payment or eligibility may be conditioned on obtaining the authorization. Apple-a-Day will not refuse to treat me based on whether I agree to allow my health information to be used and disclosed to others. Once health care information is disclosed, the person or organization that receives it, may re-disclose it. Privacy laws may no longer protect it.

I understand that there may be a fee required for this request.

☐Parent/Legal Representative ☐Adult Patient Signature: _____

Printed Name: _____ Date: _____