6538 West Cermak Road
Berwyn, IL 60402
Tel: (708) 795-8900
Fax: (708) 788-0772

675 W, North Avenue,Suite 207
Melrose Park,IL 60160
Tel: (708) 343-8900
Fax: (708) 343-8903

Medical Information Release Form

(HIPPA Release Form)

Name:_____ Date of Birth: __/__/____

Release of Information

☐ I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

- ☐ Spouse _____
- ☐ Children _____
- ☐ Other _____

☐ Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages

Please call ☐ my home ☐ my work ☐ my cell Number: _____

If unable to reach me:

- ☐ You may leave a detailed message
- ☐ Please leave a message asking me to return your call
- ☐ _____

The best time to reach me (Day)_____ between (time)_____

Signed :_____ Date:__/__/_____

Witness:_____ Date:__/__/_____