



Michigan Avenue Immediate Care
 180 N. Michigan Avenue, Suite 1605
 Chicago, IL 60601
 Phone: (312) 201-1234
 Fax: (312) 201-1202



Michigan Avenue Primary Care
 180 N. Michigan Avenue, Suite 1720
 Chicago, IL 60601
 Phone: (312) 994-3000
 Fax: (312) 201-1202

Records Release Authorization

Date: _____

Patient: _____

Date of Birth: _____

I hereby authorize _____ to release the following information during the periods from _____ to _____:

<input type="checkbox"/> All medical records <input type="checkbox"/> Doctor's visit notes only <input type="checkbox"/> Vaccination records <input type="checkbox"/> All bloodwork results <input type="checkbox"/> All Radiology reports <input type="checkbox"/> STD /HIV screening results <input type="checkbox"/> Billing Statements/Documents	<input type="checkbox"/> Only the following lab results/records: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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The above mentioned records are to be released to _____.

Release Via *(Please provide complete details):*

<input type="checkbox"/> Fax to: _____ <input type="checkbox"/> Mail to: _____ _____ _____	<input type="checkbox"/> Pick-up <i>(Photo ID Required)</i> <input type="checkbox"/> Other _____
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I understand that this authorization will expire one year from the signature date. However, I may revoke this authorization in writing at any time, except to the extent that the medical facility has relied upon it. I understand that the medical facility will not refuse to treat me based upon whether I agree to the release of my medical records.

Signature: _____ Date: _____
(Patient/Guardian)

Guardian Printed Name: _____ Relationship to Patient: _____

Witness: _____ Date: _____

NOTICE TO RECEIVING AGENCY/PERSON: under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act and Federal Regulations (42 CFR Part 2), the Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.