



CHICAGO NEUROSCIENCE INSTITUTE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name Birth Date Social Security Number
Address Telephone Number
I hereby authorize Facility Name Phone Fax
Address City Zip Code
To release information from the medical records of Patient Name
To: CHICAGO NEUROSCIENCE INSTITUTE, Ltd.
1795 GRANDSTAND PLACE, ELGIN, IL 60123
PHONE: (847) 888-1811 FAX: (847) 888-1868
For the following purpose:
For treatment of date(s): Specify dates—this line MUST BE completed

Access Requested Select Portions of Medical Records Requested
Copies of the record
Inspection of the record
Access to CDR
Abstract/Pertinent Info
Emergency Room
History & Physical
Consultation
Operative/Procedure Report
Lab Studies
Imaging/Radiology
Cardiac Studies
Face Sheet
Nursing Notes
Progress Notes
Orders
Entire Record
Other

This authorization expires 60 days from the date signed below and covers only treatment for dates specified above.

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV results, or AIDS information.

I, the undersigned, have read the above and authorized the staff of the named facility to disclose such information as herein contained. I understand that this authorization may be withdrawn, by written request from me, at any time except to the extent that action has been taken in reliance upon it.

Date Signature of Patient/Parent/Conservator/Guardian Relationship to Patient/Authority to Act for Patient
ID Presented Verified By

THIS AUTHORIZATION WILL NOT BE VALID UNLESS ENTIRELY FILLED OUT

Notice to the Recipient: The recipient of the enclosed information is not authorized to use this patient's Medical Record information for any purpose other than for that stated above or to disclose any information to any other person or facility without specific written authorization FROM the patient to do so.

A copy of this completed, signed and dated form must be given to the Individual or other Authorized Representative upon request.