Women's Healthcare of Illinois

9730 South Western Ave., Ste. 100
Evergreen Park, IL 60805
Phone (708) 425-1907 ♦ FAX (708) 422-4253

10260 W. 191st St., Ste. 100
Mokena, IL 60448
Phone (708) 425-1907 ♦ FAX (708) 422-4253

Outside Medical Records Release Authorization

(Requesting your records from another provider)

I, _____ hereby authorize_____
Patient or legally authorized person physician/group

_____
address phone/fax

to release the following information on:

Patient name: _____ Birth date: _____

Patient address: _____

Phone number: _____

Please check all information to be released:

□ Entire record set
□ Registration record
□ Laboratory reports
□ Imaging reports (ultrasound/mammogram)
□ Other _____
□ Problem list
□ Medication list
□ Physician notes

Dates of treatment: _____

Information shall be released (sent) to: **Women's Healthcare of Illinois**
10260 W. 191st Street, Suite 100
Mokena, IL 60448
708-425-1907 708-422-4253 (fax)

1) *I understand that my records may include reference to sexually transmitted disease, alcohol or drug use and/or AIDS or HIV status, if applicable. It may also include information about behavioral or mental health status.* □ ***Include these records*** □ ***Do not include these records***
2) *I understand that I may revoke this authorization at any time in writing, otherwise this consent will be considered valid for sixty (60) days.*

I authorize the following individuals to pick up my records:_____
(must bring picture ID)

Authorized signature: _____ Date: _____

Relationship to patient: □ Patient □ Legal guardian □ Parent □ Healthcare power of attorney
(Submit signed copy)

Staff Initials _____