

### ABC Pediatrics, Ltd.

1331 W 75th St. Suite 300, Naperville, IL 60540  
Telephone: 630-355-0003 Fax: 630-355-9822

#### Authorization for Release of Confidential Health Information

I HEREBY AUTHORIZE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO RELEASE MEDICAL INFORMATION FOR THE NAMED PATIENT (S) TO:

ABC PEDIATRICS, LTD.  
1331 W. 75<sup>TH</sup> STREET, SUITE 300  
NAPERVILLE, IL 60540

PHONE: 630-355-0003  
FAX: 630-355-9822

PATIENT NAME:

DATE OF BIRTH:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following types of information to be disclosed are as follows:

- History and physical examination
- Consultation reports
- Progress notes
- Operative reports
- Immunizations
- Growth Charts
- Diagnostic reports (labs, x-rays, etc)
- Other:

The following highly CONFIDENTIAL items must be checked off to be included in the disclosure:

- HIV/AIDS related health information/records (410 ILCS 305/9)
- Behavioral or mental health information/records (740 ILCS 110/1 et seq)
- Drug/alcohol diagnosis, treatment, referral information (20 ILCS 301/30.5; 42 CFR Pt. 2)
- Genetic testing information/records (410 ILCS 513/30)

Records for the following time period:

From date(s) \_\_\_\_\_ To date(s): \_\_\_\_\_

The purpose(s) of this authorization is (are): \_\_\_\_\_

I understand that this Authorization is subject to revocation/withdrawal by me at any time in writing to the medical record contact person at this site of care except to the extent the action has already been taken to release this information.

I release this office from all legal responsibilities or liability for disclosure of the above information that may arise from this authorization.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or Legal Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_