Woodridge Clinic

Woodridge Clinic
7530 S. Woodward Ave.
Woodridge, IL 60517
Phone: (630) 910-1177
Fax: (630) 910-6995

Woodridge Clinic - Lemont
15900 W. 127th Street
Lemont, IL 60439
Phone: (630) 745-8713
Fax: (630) 243-7137

Woodridge Clinic - Lombard
805 S. Main Street
Lombard, IL 60148
Phone: (630) 620-6225
Fax: (630) 620-6286

Patient Name _____

Address _____

_____

Phone No. _____

Date of Birth _____

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

From: Person/Institution: _____

Address _____

City: _____ State: _____ Zip: _____

To: Person/Institution: _____

Address _____

City: _____ State: _____ Zip: _____

Purpose or need for information: _____

Disclosure will include: (check all that apply):
☐ Face Sheet ☐ History and Physical ☐ Laboratory Report ☐ Operative Report ☐ Other
☐ Emergency Report ☐ Progress/Physician Notes ☐ All Information

Record for the period (dates) from _____ to _____

I understand that the information to be released may include personal and/or confidential information as noted in your records by the physician.

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 that action has already been taken to release this information. This authorization shall remain valid unless revoked. I have the right to inspect a copy of the health information to be released and if I do not sign this Authorization, the institution names above will not release my health information. The above named person/institution will not refuse to treat me based on whether I agree to allow my health information to be used and disclosed to others.

_____ _____
Signature of Patient Date

_____ _____
Signature of Parent/Legal Guardian/Legal Representative Relationship to Patient

_____ _____
Witness Date

REDISCLOSURE: Notice is hereby given to the patient or legal representative signing this authorization and the recipient names above that this health information disclosed under this Authorization may be re-disclosed by the recipient to others - Federal law, rules and regulations prohibit the recipient from further disclosing any health information that may be included regarding treatment for drug/alcohol abuse.