

HEDGES CLINIC S.C.

222 COLORADO AVE, FRANKFORT, IL 60423

815-469-2123 FAX: 815-469-2149

CONSENT FOR RELEASE OF MEDICAL RECORDS

(PLEASE PRINT CLEARLY & COMPLETE INFORMATION IN FULL)

PATIENT NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ PHONE: _____
address city state zip

FROM: DR/FACILITY: _____

ADDRESS: _____

PHONE _____ CITY STATE ZIP
FAX: _____

TO: DR/FACILITY: _____

ADDRESS: _____

PHONE _____ CITY STATE ZIP
FAX: _____

-INFORMATION TO BE RELEASED:

COMPLETE RECORD IMMUNIZATION RECORD
 X-RAY REPORTS LAB REPORTS
 PAP/BIOPSIES OTHER (SPECIFY) _____

-FROM WHAT DATES OF SERVICE / YEAR _____ (ONLY HEDGES RECORDS WILL BE COPIED)-

PURPOSE OF DISCLOSURE (CHECK ALL THAT APPLY)

PERMANENT TRANSFER NEW PHYSICIAN NEW INSURANCE CONTINUED MED CARE
 CONVENIENCE OF HOURS OR LOCATION (CIRCLE) LEGAL DISSATISFACTION OTHER

I understand this authorization includes information regarding mental health, developmental disability, alcohol and/or drug abuse services, and HIV test results, including but not limited to examination, diagnosis, evaluation, treatment, or rehabilitation. If you DO NOT wish such information to be released state the information to be excluded here:

This authorization expires ninety (90) days from date of issue. I understand that it may be revoked by me, in writing, at any time, but would not apply to any information already released in good faith.

-SIGNATURE: _____

(Signature or mark of patient, parent of minor, or legal guardian/estate representative)

_____ Date

IF MINOR, NAME OF PARENT/GUARDIAN SIGNING _____

-NO RECORDS WILL BE RELEASED WITHOUT THE COMPLETION OF THIS FORM AND/OR AUTHORIZATION.

IF PT IS UNABLE TO SIGN THE PERSON SIGNING THIS AUTHORIZATION WILL BE REQUIRED TO SHOW PROOF OF GUARDIANSHIP, POA, OR AUTHORITY & RELATIONSHIP TO PATIENT ALLOWING HIM/HER TO AUTHORIZE RELEASE OF MEDICAL RECORDS. THEN NEEDING SIGNATURE OF WITNESS OF PROOF: _____ DATE: _____

Records can be mailed or picked up by patient or authorized person, circle your choice: MAIL PICK UP

Physicians may charge fees for copies of records: \$26.58 handling plus per-page charges, & postage. Updated 05/2015