Release of Patient Medical Records from

Doctors For Visual Freedom

Patients Name: (Please Print) _____ **DOB:** _____

____ I authorize Doctors For Visual Freedom to use or release my health information as described below.

☐ Please release my entire record.

-OR-

☐ Please release only the following information:

- ☐ Problem list
- ☐ Medication list
- ☐ List of allergies
- ☐ Most recent visit discharge summary
- ☐ Most recent history
- ☐ Other: _____

The identified information will be used for the following purpose:

☐ My personal records

☐ Sharing with other health care providers as needed

☐ Other: _____

Please initial each item below to indicate your understanding.

____ I understand the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

____ I understand once the information below is released, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

____ I understand I have a right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocations to the practice. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

The identified information may be used by or released to the following individual or organization:

Name: _____ Address: _____

Suite or Apt #: _____ City: _____ State: _____ Zip: _____

Patient's signature: _____ **Date:** _____

*There may be a charge for copying of records

875 North Michigan Avenue Suite 1550
The John Hancock Center
Chicago, IL 60611
Tel: 312-291-9680
Fax: 312-291-9957