

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: _____
SS#: _____

I authorize the release of my medical records from:
(Physician or Facility)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

To Be Sent To:
Aurora Eye Clinic, Ltd.,
1300 N. Highland Ave., Suite 1
Aurora, IL 60506
630-897-5104 phone 630-897-5089 fax

Reason for Request: _____

I understand that this authorization is valid only if the following questions are answered by me:

Please check specific information to be released:

() ALL MEDICAL RECORDS without exception, including clinical notes, lab testing (including HIV), mental health treatment, alcohol or drug testing & treatment, sexually transmitted disease, consultations, secondary records, etc. or:

() PARTIAL MEDICAL RECORDS which may include HIV testing, mental health treatment, alcohol or drug testing & treatment, sexually transmitted disease & other sensitive information. Please specify parts and dates to be released.

- () Office visits () Visual Fields
() F.A.'s () Correspondence from/to other doctors
() Photos () Other _____

I understand that I may revoke this authorization to release information at any time by giving written notice. I understand that this authorization is valid 1 year from the date that it is signed.

This authorization may be relied upon when transmitted by facsimile.

yes no

Signature of Patient / Signature of Parent or Legal Guardian Date Signed

2016 State Law provides that medical record fees are as follows:
(\$26.77 handling fee, not charged to patient)
Plus per page fees are as follows:
\$1.00 (pgs 1-25)
.67 cents (pgs 26-50)
.33 cents (over 51 pgs)
Plus actual postage costs

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Aurora, Illinois 60506
630.897.5104
Fax 630.897.5089

auroraeyeclinic@sbcglobal.net
www.auroraeyeclinic.com

ROBERT J. BARNES, M.D.
Diseases & Surgery of the Eye
Glaucoma Specialty

PATRICIA L. DAVIS, M.D.
Pediatric Ophthalmology
Adult Strabismus

ROBERT J. FOODY, M.D.
Diseases & Surgery of the Eye
General Ophthalmology

JOHN M. GALASSO, M.D., Ph.D.
Diseases & Surgery of the
Retina and Vitreous

ALAN E. HEIN, O.D.
Optometrist

TYLER Q. KIRK, M.D.
Diseases & Surgery of the Eye
Glaucoma Specialty

LOIS A. POLATNICK, M.D.
General Ophthalmology
Neuro-Ophthalmology Specialty

RICHARD D. ZAK, M.D.
Diseases & Surgery of the
Retina and Vitreous

NELLIE APONTE
Office Management
Administration

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Office Management
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per ILCS 5/8-2006
updated 2016

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- | | |
|--|---|
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