

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

To Be Sent To:
(Physician or Facility)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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.
- | | |
|--|---|
| <input type="checkbox"/> Office visits | <input type="checkbox"/> Visual Fields |
| <input type="checkbox"/> F.A.'s | <input type="checkbox"/> Correspondence from/to other doctors |
| <input type="checkbox"/> Photos | <input type="checkbox"/> 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

2014 State Law provides that medical record fees are as follows:
 (\$26.38 handling fee, not charged to patient)

1300 North Highland Avenue
 Aurora, Illinois 60506
 630.897.5104
 Fax 630.897.5089

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 www.auroraeyeclinic.com

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

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

PATRICIA L. DAVIS, M.D.
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 Adult Strabismus

LOIS A. POLATNICK, M.D.
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