

2525 s Michigan Ave.

Chicago IL 60616 Phone: 312-567-2241 Fax: 312-567-6699

www.insightchicago.com

Authorization for Release of Health Information

	nation (Please print and complete	
		Date of Birth: Phone:
Person Requesting Medica		
		ient under 18 years of age) □ Legal Representative
If not patient (self), the au	thorized representative to whom t	he record will be released is as follows:
		Date of Birth:
Address:	City/State/Zip:	Phone:
	nust be checked and obtained: ained Copy of representative's	ID obtained
The SPECIFIC type of inform ☐ SPECIFY Hospital or Clini ☐ Radiology Reports ☐ Ra ☐ Consultation Notes ☐ P	c/Physician:diology Images □ Discharge Sumn	Records" or incomplete dates are NOT considered specific): nary Labs Operative Reports Immunizations tory and Physical Cardiac Testing
☐ Drug/Alcohol Abuse: Witr 12-17 the minor's signature i	is required in Section 6 for the release	HIV/AIDS/STD {} Genetic Testing or release of these sensitivie record types; for a minor aged e of the Mental Health, HIV/AIDS/STD or Drug/Alcohol Abuse(Specific Date 1/2/2022 OR Range of Dates:
		to release the above patient records to: Phone:
Address:	City/State/Zip:	Fax:
SECTION 4: Method of Del	livery (e-Delivery excludes radiolo	gy images)
	e e-Delivery (Requires Internet Acce or their legal representative (2525 S.	ss - secure e-fax, portal delivery) Michigan Ave. Chicago, IL.). A photo ID is required for pick-up.
•	sclosure (records are subject to ch	
	Personal Reasons {} Insurance {} I	_egal {} Other:
Chicago, IL 60616. The revocation *I understand this authorization wi *I understand I have the right to in *I understand I have the right to re	will not apply if Insight has already taken act ill expire in 90 days or upon the following spe spect/receive a copy of the information used fuse to sign this authorization and Insight do sychotherapy notes) or provision of healthca	ecific date:or even
I HEREBY ACKNOWLEDGE I H	AVE READ AND FULLY UNDERSTAND	THE STATEMENTS AND CONSENT TO THE RELEASE OF RECORDS.
Patient Signature		Date:
Representative Signature (For Minor, POA, etc.)	Relationship: Date
Witness Signature	Date	

(Witness Signature required for any sensitive records to be released if so selected in Section 2)