



84 Templeton Drive, Suite 106  
Oswego, IL 60543  
P-630.554.7654  
F-630.554.9258

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize \_\_\_\_\_  
to release medical information for the below named patient to:

Apple-A-Day Pediatrics  
84 Templeton Drive, Suite 106  
Oswego, IL 60543

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Disclosure will include:** (check all that apply)

- All records- (Includes, but not limited to HIV, Mental Health and Substance Abuse Information)  
 History & Physical                       Lab Reports                       Immunizations  
 Progress Notes                       Radiology Reports                       Substance Abuse  
 Mental Health  
 Other \_\_\_\_\_

**Information in checked boxes may be released from:**

- All Dates  
 Records for the period (dates) from \_\_\_\_\_ to \_\_\_\_\_

**Purpose of this information is:**

- Seeking care from a specialist physician  
 Relocation: My new address is \_\_\_\_\_  
 New insurance and must transfer care: My new insurance is \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

**This authorization expires:**

- On (date): \_\_\_\_\_  
 When the following event occurs: \_\_\_\_\_  
 In 90 days from the date signed.

I also understand that this authorization is subject to revocation/withdrawal by me at any time in writing to Apple-a-Day Pediatrics except if the action has already been taken to release the information. I have the right to inspect a copy of the health information to be released. My child's treatment, payment or eligibility may be conditioned on obtaining the authorization. Apple-a-Day will not refuse to treat me based on whether I agree to allow my health information to be used and disclosed to others. Once health care information is disclosed, the person or organization that receives it, may re-disclose it. Privacy laws may no longer protect it.

*\*I understand that there may be a fee required for this request.*

Parent/Legal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_