AUTHORIZATION TO OBTAIN MEDICAL RECORDS

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective April 14, 2003, requires that all of the following elements must be completed for an authorization to be valid.

From Facility /Dr.: ____

Address: __________________________________ Suite: _______________

City: _________________________ State: __________ Zip Code: _________

Phone: (________) ________-_______ Fax: (________) _________-___________

I hereby authorize you to release my medical records in your possession concerning my care and/or treatment to the facility listed below for the purpose of continued treatment.

Fox Valley Women & Children's Health Partners
Office Locations

3310 W. Main St. Suite #200
St. Charles, IL. 60175

82 Miller Dr. Suite #102
North Aurora, IL. 60542

630-897-6044
630-897-0180 (fax)

Information to be disclosed shall be used only for continued treatment and/or care:
[ ] Complete health record(s) for date of service: ___________________
[ ] Other (specify): ____________________________________ for date of service __________

I understand that my complete health records may include information relating to:

- Treatment of STDs (Sexually Transmitted Disease) and/or HIV testing results
- Mental Health
- Drug and/or Alcohol abuse

Name: _________________________________ Maiden: _______________________
[Print]

Social Security #: _____/ _____/ _____ Date of Birth: _____/_____/_____

Address: ____________________________________Apt: _______

City: ______________________________ State: ________ Zip Code: ______________

Signature: ____________________________________ Date: _______/_______/________

*****Signature on this form is valid for sixty (60) days from date of signature*****
*****Patient may revoke this release at anytime*****

IMPORTANT CONFIDENTIALITY NOTICE: **This message and any attachments are confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, distribution, or use of this message or any attachment is prohibited. If you have received this message in error, please notify us immediately. Thank you.**