PARKSIDE PEDIATRICS, S.C. FRANK ROEMISCH, M.D. YELENA KOLEZEVA, M.D. 1875 DEMPSTER STREET, SUITE 650 PARK RIDGE, ILLINOIS 60068-1168 (847) 823-8000

Patient Name_				
Address				
Phone Number	·			
Date of Birth				
AUTHORIZA	TION FOR RELEASE OF I rize that the protected health in Person/Institution	formation regarding the above	ve-named person be forward	
	Address			
	City		State	Zip
TO:	Person/Institution			
(Recipient)	Address			
				Zip
Reason why ch				
or only the f			Progress/Physician No	otes □X-ray/Radiology Report
Pathology R	Report Emergency Report	EKG/EMG/EEG Report	Consultation Report	Other
Records for the	e period (dates) from		to	
understand th include any of Diagnosis, e Records of Genetic Tes Psychiatric, summary, test evaluation. I also understan this site of care the authorizatic health informat	at if I do not check any of the the following: evaluation and/or treatment f HTLV-III or HIV testing (Al sting , psychological records or eva ts, social work assessment, mo and that this Authorization is sul e except to the extent that action on shall remain in effect only for tion to be released. If I do not	or alcohol and/or drug abo DS test) result, diagnosis a cluation and/or treatment f edication, psychiatric exam oject to revocation/withdraw has already been taken to r or the period reasonably need sign this Authorization, Park	the health information rel ise ind/or treatment for mental, physical and/or ination, progress notes, co al by me at any time in writ elease this information. Un ded to complete the request. iside Pediatrics, S. C. will no	ed to the above named Recipient. I leased to the named Recipient may r emotional illness including narrative onsultations, treatment plans, and/or ing to the medical record contact person at less revoked earlier or otherwise indicated, I have a right to inspect a copy of the ot release my health information. Parkside o be used and disclosed to others.
(Required if Pa	Parent/Legal Guardian/P atient is not legally authorized t to Patient LOSURE: Notice is here	o sign Authorization)	Date The signing the signing t	is Authorization that Parkside

Pediatrics, S.C. cannot guarantee that the Recipient receiving the requested health information will not redisclose any or all of it to others. Notice is hereby given to the Recipient that law prohibits the redisclosure of any health information regarding drug and/or alcohol abuse, HIV and mental health treatment.