



MEDICAL RECORD RELEASE FORM

Patient Name: _____ Date of Birth: ____/____/____

I hereby authorize and request:

to disclose the following information to:

Name of Physician/Institution: _____

Aishling Obstetrics and Gynecology

Address: _____

831 E. Sandhurst
Sandwich, IL 60548
(815) 786-1088
(877) 262-BABY
Fax (815) 786-1314

654 W. Veteran's Pkwy
Suite A
Yorkville, IL 60560
(630) 553-3588
(630) 553-3525

15905 S. Frederick St
Suite 109
Plainfield, IL 60586
(815) 577-2840
Fax (815) 577-2845

Phone: _____

Covering the periods of healthcare from (date) ____/____/____ to (date) ____/____/____

Information to be disclosed:

<input type="checkbox"/> complete health record	<input type="checkbox"/> discharge summary	<input type="checkbox"/> history and physical
<input type="checkbox"/> progress notes	<input type="checkbox"/> consultation reports	<input type="checkbox"/> laboratory tests
<input type="checkbox"/> xray reports	<input type="checkbox"/> ED record	<input type="checkbox"/> rehab notes
<input type="checkbox"/> Other (please specify) _____		

I understand that this will include information relating to (check if applicable):

☐ Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection

☐ Behavioral health services/psychiatric care

☐ Treatment for alcohol and or drug abuse

Purpose for disclosure: (circle one) continued treatment reimbursement evidence of care legal counsel

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire 90 days from the date signed.

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signed: _____ Date: ____/____/____
(Patient or patient representative) (Relationship to patient)

Witness: _____ Date: ____/____/____

Thank you for your assistance in this matter.

James Hawkins, D.O., F.A.C.O.G.
Brett J. Cassidy, M.D., F.A.C.O.G.
Deann Ryan, C.N.M., W.H.N.P.