

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

**PATIENT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden/Other Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
( \_\_\_\_ ) - \_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**RELEASE INFORMATION FROM**

**I authorize Northwestern Memorial HealthCare ("NMHC") and its clinical affiliates to release information from (check all that apply):**

**Hospital:**

- Central DuPage Hospital
- Delnor Hospital
- Huntley Hospital
- Kishwaukee Hospital
- Lake Forest Hospital
- Marianjoy Rehabilitation Hospital
- McHenry Hospital
- Northwestern Memorial Hospital
- Palos Hospital
- Valley West Hospital
- Woodstock Hospital

**Physician Group:**

- Northwestern Medical Group (NMG)
- Regional Medical Group (RMG)

**Other:**

- Behavioral Health: Location(s) \_\_\_\_\_
- Other \_\_\_\_\_
- All NMHC Entities

**PURPOSE OF INFORMATION RELEASE**

- Further Treatment/Continued Care
- Personal Use
- Attorney/Client
- Insurance

Other (specify) \_\_\_\_\_

**MEDICAL RECORDS TO BE RELEASED**

**Requested delivery date** \_\_\_\_\_

**MEDICAL RECORDS REQUESTED-For Dates of Service:** From \_\_\_\_\_ To \_\_\_\_\_  
(If no dates listed, records will include the past 24 months)

*Instructions: Please check all that apply.*

- Emergency Room Visit** (ER notes, progress notes, consultations, procedure notes, test results)
- Hospital Stay** (History and physical, progress notes, consultations, operative reports, discharge summary, test results)
- Outpatient Surgery/Procedure** (History and physical, progress notes, consultations, procedure notes, test results)
- Clinic, Office Visit or Immediate Care** (Office notes, progress notes, procedure notes, test results)

Specify Clinic, Office or Physician \_\_\_\_\_

- Test Results/Reports Only** (check all that apply):  Laboratory  Radiology  Other (specify) \_\_\_\_\_

**Other Records** - Please specify \_\_\_\_\_

Method of Delivery (select one):  NM MyChart  Fax  E-mail to \_\_\_\_\_  
 US Mail (select format:  CD  Paper)

Other instructions \_\_\_\_\_

**To request medical images, see page 2.**

