

Sanders Court Pediatrics, Ltd.  
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Buffalo Grove, IL 60089  
Phone: (847)499-3070  
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Sanders Arlington Pediatrics  
1051 W. Rand Road Suite 103  
Arlington Heights, IL 60004  
Phone: (847)259-5900  
Fax: (847)259-4508

## Authorization for Release of Patient Health Information (Release of Records)

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, city, state, zip code)

Please list where Sanders Court Pediatrics is sending medical records to:

Facility/Office: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates of Service Requested: \_\_\_\_\_

Reason for Request:  Moving out of area  Insurance change  
 Seeing a specialist/internist  Other (please explain): \_\_\_\_\_

The following information is to be disclosed by Sanders Court Pediatrics: (Please check one box for each item)

Type of Records Requested:

Problem List  Immunization Record  Medication List  Well Visit(s)  
 Growth Chart  Allergy History  Lab results  Other: \_\_\_\_\_

OR  Complete Record (a fee will be assessed for complete chart record release in accordance with the Illinois Law Medical Records fee-due at the time of record release)

\_\_\_\_\_  
Signature of patient or legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

Sensitive Information: I understand that the information in my record may include information related to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services or treatment for alcohol or drug abuse.

Re-disclosure: I understand that any disclosure of information carries with it the potential for re-disclosure and that the information may then not be protected by federal confidentiality rules. I understand and accept full responsibility for the medical records I am requesting, and relinquish Sanders Court Pediatrics of all accountabilities concerning these records.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing, and I understand the revocation will not apply to information already released based on this authorization.

Expiration: Unless otherwise revoked, this authorization will expire on the following date, event or condition: \_\_\_\_\_. If I do not specify an expiration date, event or condition, this authorization will expire in 12 months from date signed.

All requests will be fulfilled within 30 days. A copy/processing fee will be assessed per chart/patient request for duplicate records. A summary of records is provided free of charge (immunizations/growth charts). Sanders Court Pediatrics will continue to store your records for 10 years.