

AUTHORIZATION FORM FOR MEDICAL RECORDS RELEASE

Patient's Printed Name		Patient's Date of Birth	Patient's MPI Number	
Which	, ,		se (Please check what you are requesting):	
	Entire medical record that is currently maintained by Fertility Centers of Illinois, including (if available) any results and/or information regarding HIV, genetics, psychotherapy/mental health, and/or substance and/or alcohol abuse. * Please Note: Ultrasound Images are not normally included and needs to be requested; also external records Fertility			
	Centers of Illinois has received is n	ot included. *		
OR	R			
	Specific records:			
Who is	authorized to receive the records ([Please be specific)?		
	Patient Portal	I Records: (Please Select One) ide Email Address:		
	Other			
An	nd/or			
	Name and/or Organization:			
	Address:			
	Phone Number:	Fax Number:		
	Email Address:			
What is	s the reason for the medical record	s release?		
	Treatment with another healthcare	•	URGENT? YES	
	For my own personal information/i	ecords	(ONLY APPLIES IF CIRCLED, OTHERWISE PROCESSED AS STANDARD PROCCESSING)	
	Other (please specify)		(ADDITIONAL FEE WILL BE APPLIED)	
Whati	s the expiration date of this reques	·2		
vvnatis	Until Further Notice	<u>.</u>		
	Specific Date:			

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Patient Acknowledgment

- This Form is required to receive medical records; however, I understand that I may refuse to sign this form.
- I understand that I will get a copy of this form after I have signed it.
- I understand that I may revoke this authorization at any time by notifying Fertility Centers in writing, but if I do, the revocation will not have any effect on actions Fertility Centers of Illinois has already taken in reliance on this authorization.
- I authorize Fertility centers of Illinois to use or disclose any medical information specified in this Authorization.
- I understand that Fertility Centers of Illinois may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act.
- State law permits healthcare providers to charge a processing fee for medical records, in order to compensate for staff time and equipment/supplies. Fertility Centers of Illinois charges a fee for processing records, as well as an additional fee for all expedited requests. This fee is waived if sending records to the OB for continued pregnancy care.
- <u>I understand that if records are to be released a physical wet signature or one verified only from Docu-Sign, is required.</u>
- I understand that it may take up to 30 days for records to be processed.

Patient's Signature	Date
Employee at Fertility Centers of Illinois Processing Records	Date
Employee at Fertility Centers of Illinois Reviewing Records	Date

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