

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.**
- **I understand that if records are to be released a physical wet signature or one verified only from Docu-Sign, is required.**
- 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