

**AUTHORIZATION FOR
RELEASE OF
MEDICAL RECORDS**



Patient Name: _____ DOB: _____

Patient Address: _____

Requesting Records From Dr. _____ at

Office/Hospital Address: _____

Release Records To: **Dr. Meena T. Malhotra, at**
Heal n Cure
1122 Willow Road, Suite "B" Northbrook IL. 60062
Tel/Fax: 847-686-4444 / 847-686-9999

Please send a copy of my records as indicated for dates of service _____ / _____ of treatment:

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Operative Records | <input type="checkbox"/> Lab Reports | <input type="checkbox"/> EGD/Colonoscopy | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> Pap | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Eye Exam | <input type="checkbox"/> Angiography |
| <input type="checkbox"/> Discharge Sum | <input type="checkbox"/> Consult | <input type="checkbox"/> Office Notes | <input type="checkbox"/> ECHO |
| <input type="checkbox"/> Stress test | <input type="checkbox"/> Sleep Study | <input type="checkbox"/> Other/See Below: | |

Purpose for releasing medical information: **Continuity of Care**

I understand that my express consent is required to release any health information relating to testing, diagnosis and/or treatment of alcohol or drug related medical problems, and this special consent also will apply to AIDS related diagnoses, sexually transmitted diseases, psychiatric disorders and other mental health related issues.

Include the following: (indicate by initialing)

____ Drug, alcohol, or substance abuse ____ Mental health records ____ HIV/AIDS Related

Name of Patient, Parent or Guardian: _____ Date: _____

Signature: _____ Date: _____

The documents accompanying this telecopy transmission contain information that is HIGHLY CONFIDENTIAL. It is to be used only to aid in providing specific healthcare services to this patient. It is intended for the exclusive use of the addresses. If you are not intended recipient, you are notified that any disclosure, copying, or distribution of this telecopy information is not permissible. If you have received this telecopy in error, please immediately notify us by the telephone number listed above. Any other use is a violation of Federal Law (HIPAA) and will be reported.