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OUTGOING MEDICAL RECORDS RELEASE

I hereby authorize **North Suburban Pulmonary and Critical Care Consultants, SC** to release the following information contained in the medical records of:

PLEASE PRINT:

Patient's Name: _____ **Date of Birth:** _____

The following Information is to be released:

<input type="checkbox"/> Laboratory Tests	<input type="checkbox"/> Progress Reports	<input type="checkbox"/> All Records
<input type="checkbox"/> Radiology Reports	<input type="checkbox"/> Medication Records	<input type="checkbox"/> Other
<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Immunization Records	

Regarding medical care given from: _____ to _____

I also authorize and consent to the release of the following information to the above-named institution by initially the requested category(ies).

_____ AIDS OR HIV _____ MENTAL HEALTH _____ SUBSTANCE ABUSE

Please forward information to:

Name of Physician/or Facility: _____

Address: _____

I recognize that the information disclosed may contain Mental Health, Drug/Alcohol, and HIV/AIDS testing that are protected by Federal/State Law. The medical record information disclosed is protected under State and Federal law and this privileged and confidential information may be disclosed only on my authorization, except as expressly required as law. Only such medical record information believed necessary for the purpose expressed above, shall be released or disclosed.

I understand that I have the right to inspect and copy information that is disclosed

I understand that if I refuse to consent to the release of information, my medical record information will not be released and denial of insurance reimbursement may occur.

I understand that I may withdraw this authorization at any time by submitting in writing a notice of revocation to North Suburban Pulmonary except to the extent that action has already been taken in good faith reliance on this authorization. If not revoked, this authorization expires 90 days from the date signed.

Signature of Patient: _____ **Date:** _____