AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I, ____________________________________Date of Birth _________________

Phone Number____________________Social Security Number_____________________

Street Address_____________________City____________________State_________________ZipCode______

Hereby authorize and request records to be sent to:

Golden Rule Family Practice

Dr. Jigar Kumar Thakkar, MD

1308 Macom Drive, Suite 104

Naperville, IL 60564
(P) (630)-236-8018 (F) (630)-236-8949

Records sent from:

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The Authorization Applies to the following information:

- o All Records
- o History/Physicals
- o HIV Results
- o X-rays/Mammogram/US
- o Office Notes
- o Laboratory
- o Immunization
- o Prenatal Records
- o SubstanceAbuse Counseling
- o Other: (Please Specify) _____________

Information in checked boxes may be released from date _______________ to ___________________The purpose of this release is for:

- o Physician/Health Care Facility
- o Consult (Second Opinion)
- o Seeking New Physician
- o Dissatisfied With Service
- o Relocation
- o Change of Insurance
- o Requested for Governmental Agency
- o (Dept. of Rehab, Social Security, Etc.)
- o Attorney
- o Insurance Claim/Underwriting

_______________________________ _______________ ____

Signature Date Relationship if other than patient-Parent/Legal Guardian

Expiration Notice:
I understand that this authorization shall expire, without express revocation, when processing of this request is completed.
Records from other facilities/disclosure: It is a policy of Golden Rule Family Practice to release only medical information documented, or dictated by a Golden Rule Family Practice health care provider. If you have been treated by other health care providers, please contact them and make arrangements to release any information you may need Federal regulations prohibit us from making any further disclosure of disclosed information without specific written consent of the person to whom it pertains.
Revocation: This authorization will be considered valid for 90 days from the date signed. Revocation of this authority may be given at any time via written notice to Golden Rule Family Practice office. Any revocation will have no effect on disclosures made prior thereto.