



**AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**  
0000-107 (9/08)

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

M.R. # or SS # \_\_\_\_\_ Phone \_\_\_\_\_

**I AUTHORIZE NORTHSORE UNIVERSITY HEALTHSYSTEM TO DISCLOSE TO:**

Name \_\_\_\_\_

(If an individual, describe the relationship to the patient)

Address \_\_\_\_\_

**THE FOLLOWING INFORMATION FROM THE ABOVE NAMED PATIENT'S RECORD**

Please check off appropriate box(es)

Clinic records  Lab reports  Test results  Other (please specify) \_\_\_\_\_

Approximate dates of treatment \_\_\_\_\_

**THE FOLLOWING STATEMENT APPLIES ONLY TO RECORDS RELATING TO PSYCHIATRIC TREATMENT**

I understand that my refusal to authorize disclosure of the above-mentioned information will prevent disclosure of the information.

The consequences of refusal to consent are: \_\_\_\_\_

Signature of patient or authorized legal guardian \_\_\_\_\_ date \_\_\_\_\_

Relationship to patient, if signed by authorized representative \_\_\_\_\_

Signature of witness (if applicable) \_\_\_\_\_ date \_\_\_\_\_

Authorization to fax records \_\_\_\_\_

**NOTICE TO PATIENT**

I understand that this consent is valid for 90 days from the date of signature, or until calendar date \_\_\_\_/\_\_\_\_/\_\_\_\_. I understand that as set forth in NorthShore University HealthSystem notice of Health Information practices, that I may revoke this authorization at any time by giving written notice to the Medical Record Department of the NorthShore University HealthSystem except to the extent that NorthShore University HealthSystem has already acted in reliance on this contract. This authorization will automatically expire when the information requested has been disclosed, if I have given no prior notice as stated above. I understand I have the right to review and obtain the information to be disclosed. I understand that information disclosure pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

**CHARGES: THERE IS A CHARGE FOR COPYING MEDICAL RECORDS FOR PERSONAL USE, INSURANCE AND ATTORNEY.**