Palatine Pediatrics

**Christine Duong, M.D.**
236 E. Northwest Highway, Suite A
Palatine, IL 60067
Phone: 847-359-5000 • Fax: 847-359-5395

# AUTHORIZATION TO RELEASE MEDICAL RECORDS

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

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

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

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

**Please send records ☐ TO / ☐ FROM:** Palatine Pediatrics
Christine Duong, M.D.
236 E. Northwest Highway, Suite A
Palatine, IL 60067
Fax: 847-359-5395

**Please send records ☐ TO / ☐ FROM:**

Name:_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

**Information to be released:**

_____ Immunization Records _____Laboratory Reports _____Previous Physicians Records

_____ *ALL Records **($30 fee)** _____Other (please specify): _____

*** If requesting ALL records, please send payment with this form. Records take 2 weeks to copy after payment and form is received for active patients. Records may take up to 30 days for patients who have not been seen in the last 3 years.**

**Reason for Release of Information:**

_____ Transfer to New Physician _____ Insurance Application _____ Insurance Claim _____ Legal Counsel

_____ Other (please specify): _____

**Records may be released by:** ☐ Certified Mail ☐ Fax (**shot records ONLY**) ☐ Pick-Up

Signature _____ Date: _____
Parent / Legal Guardian

**I recognize that the information disclosed may contain drug, alcohol, mental health, or HIV/AIDS information that is protected by federal and state law. I specifically consent to the disclosure of such information.**

Signature _____ Date: _____
Parent / Legal Guardian