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:** _____

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PLEASE RELEASE RECORDS TO:

Palatine Pediatrics / Christine Duong, M.D.
236 E. Northwest Highway, Suite A
Palatine, IL 60067
Fax: 847-359-5395

PLEASE RELEASE RECORDS FROM:

Name:_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

RECORDS TO BE RELEASED:

☐ Vaccine Record, Growth Chart and Last Well Visit Note ☐ Other Records _____

☐ ALL Records ☐ Labs _____

REASON FOR RELEASE OF INFORMATION:

☐ Transfer to New Physician ☐ Legal Counsel ☐ Other (please specify):_____

RELEASE RECORDS BY: ☐ Mail ☐ Pick-Up ☐ Fax (**Maximum 10 pages**)

Printed Name of Parent or Legal Guardian _____ **Date:** _____

Signature of Parent or Legal Guardian _____ **Phone:** _____

RELEASE OF HIGHLY CONFIDENTIAL RECORDS:

I specifically consent to the release of highly confidential records including mental health, developmental disability, drug or alcohol abuse, sexually transmitted diseases (STDs), sexual assault, child abuse or neglect, genetic testing, and HIV/AIDs testing and treatment.

Printed Name of Legal Guardian or Patient (age 18 +) _____ **Date:** _____

Signature of Parent/Legal Guardian/Patient (age 18+): _____