

Vernon Hills Pediatric Associates, Ltd.

36100 Brookside Drive, Suite 101, Gurnee, IL 60031
870 West End Ct., Suite 203, Vernon Hills, IL 60061
(847) 367-5400 Fax (847) 367-4769

Authorization to Release Medical Information or Protected Health Information

Patient name

Patient Date of Birth

Information to be released by Vernon Hills Pediatric Associates

- Completion of School Form (\$10)
- Completion of Camp Form (\$10)
- Full Records (see charges below)
- Immunization & Growth Record (no charge)

<u>Charge per Page</u>	<u>Number of Copies</u>
.0.89 per page	first 25 pages
.59 per page	26-50
.30 per page	+50
Plus Postage and Handling	

Records are to be mailed to the following home address (we do not forward records to another medical facility):

Name _____
 Address _____
 City _____ ST _____ Zip _____
 Phone Number _____

OR

Records are to be picked up at:

- Gurnee Location
- Vernon Hills Location

Indicate Reason for Request:

- Moving
- Change in Insurance
- Patient Age
- Other (please explain) _____

Signature of patient, parent or guardian

Relationship to patient(s)

Date

Print Name

This form must be completed by parent or guardian in order to release medical records of minor children. If patient is 18 years or older, patient must complete and sign release form.