Feely Center
for Optimal Health

AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

150 E Huron St, Ste 1104
Chicago, IL 60611
p.312.266.8565
f.312.266.0495

20303 S. Crawford Ave.
Olympia Fields, IL 60461
p.708.747.8565
f.708.747.8674

Please complete all sections of this HIPAA release form in order for your information to be shared as requested.

Patient Name(print) _____Date of Birth _____ Phone Number _____

Address _____

I hereby give my permission for Feely Center for Optimal Health to release the following information for the continuity of care.

___ Disclose my complete record including physician notes, diagnoses, lab test results, medications, images and treatment for all conditions.

___Disclose my first visit and most recent 12 months of physician notes, lab test results, medications, diagnoses and imaging.

___ Disclose my last visit physician notes, lab test results, imaging and medication list.

___ Genetic information/testing

This information can be disclosed in the following ways:

___Hard copy of records mailed to patient/guardian for a fee of $30.00.

___Records sent via email to patient for a fee of $30.00.

___Hard copies picked up by patient, no charge.

___Records emailed or faxed to another healthcare facility, no charge.

Name of organization or person to send information to:

Person/Organization_____

Address _____ Fax _____Email_____

I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.

Signature _____ Date_____

Print your name _____

If this form is being completed by a person with legal authority to act on an individual's behalf, such as a parent or legal guardian of a minor or a health care agent, please complete the following information:

Name of person completing this form_____

Signature of person completing this form _____

FOR OFFICE USE ONLY

Date copied _____Date mailed out/picked up/fax/email_____ Completed by_____