



The Northwestern Specialists For Women

900 N Kingsbury Road, Ste 130N, Chicago IL, 60610. phone: 312-775-1100 fax: 312-775-1111

Request for Outgoing Medical Records Release Form

DATE: _____

Patient Information:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Primary Doctor at The Northwestern Specialist for Women you are requesting to release records:

** _____

Please send a copy of my medical records to:

Doctors name: _____

Address: _____

Fax number: _____

Will you be returning to the practice in the future? Yes or No

Purpose or need for information: _____

Appointment scheduled _____

Medical records for the period (dates) from _____ to _____

Please be specific on which records are needed: _____

I also understand that this Authorization is subject to withdrawal by me at any time in writing to the medical record contact person at this office except to the extent that action has already been taken to release this information. This Authorization shall remain valid unless revoked but will **expire in 1 year after signing.** I have a right to inspect a copy of the health information to be released and if I do not sign the Authorization, the institution named above will not release my health information.

Date: _____ Time: _____ Signature of the patient: _____

Date: _____ Time: _____ Signature of Parent/Legal Guardian/ Personal

Representative: _____

!! Please note that the release of Medical Records take 48 hours to 1 week to be released.