DuPage Medical Group is now:

duly
HEALTH AND CARE

ScanSTAT Technologies
1100 W. 31st St. Downers Grove, IL 60515
Phone: 630-873-8748
Fax: 630-873-8797
mrrequests@dupagemd.com

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Void if Form is Modified)

The information that you are requesting may be available through MyDMGHealth at https://mychart.dupagemedicalgroup.com.

SECTION 1: Patient Information (please print and complete ALL fields)

First Name: _____ Last Name: _____ Date of Birth: ____/____/_____

Address: _____City/State/ZIP: _____ Phone: _____

SECTION 2: Information Requested (please check all appropriate boxes)*****

Please indicate the specific type of information to be disclosed. ("All records" or incomplete dates are not considered specific.)

Charges may apply. Please contact us for details. Cash payments are not accepted.

☐ Department/Physician/Clinic Location: _____

☐ Radiology Reports ☐ Radiology Images (CD) ☐ Cardiac Reports ☐ Cardiac Images (CD) ☐ Labs

☐ Progress Notes ☐ Vascular Images (CD) ☐ Medication List ☐ Immunizations ☐ Billing

☐ Other: _____

*For the following dates of treatment: _____

(Examples: specific date - 1/25/2013; range of dates - January-July 2014)

SECTION 3: I authorize Duly Health and Care to release the above patient records to:

Name of Individual/Organization: _____ Phone: _____

Address: _____ City/State/ZIP: _____ Fax: _____

***NOTICE ABOUT SENSITIVE INFORMATION, IN ACCORDANCE WITH 45 CFR § 171.204(a)(2): Duly's electronic medical record system cannot segment (1) Mental Health, (2) HIV/AIDS/STD, (3) Genetic Testing, or (4) Drug/Alcohol Abuse "sensitive information" from other information in your medical records. THEREFORE, THIS SENSITIVE INFORMATION WILL BE RELEASED TO THE INDIVIDUAL/ORGANIZATION NAMED IN SECTION 3 UPON YOU SIGNING THIS FORM.**

**** For minors ages 12-17, the minor's signature is required in Section 6 for the release of Mental Health Records.**

SECTION 4: Method of Delivery (e-Delivery and MyChart excludes radiology images)

☐ Fax ☐ U.S. Mail ☐ MyChart (must have active account) ☐ Secure e-Delivery → Email Address: _____

☐ Pick up with photo ID (***will call when records are ready***) Individual picking up:_____

SECTION 5: Purpose of Disclosure

☐ Continuation of Care ☐ Personal Reasons ☐ Insurance ☐ Other: _____

☐ Transfer of Care (Permanently Leaving) ☐ Legal *** (Will include Mental Health, HIV/AIDS/STD, Genetic Testing, and Drug/Alcohol Abuse information, if included in treatment dates requested; refer to Section 2 above)**

SECTION 6: Signature(s)

- I understand I have the right to revoke this authorization in writing at any time by sending revocation to Duly's ROI Department at 1100 W. 31st St. Downers Grove, IL. The revocation will not apply if Duly has already acted in reliance on the authorization.
- I understand this authorization will expire in 90 days or upon the following specified date _____ or event _____.
- I understand information disclosed may be subject to re-disclosure by the recipient and may no longer be protected by law.
- I understand I have the right to inspect/receive a copy of the information used/disclosed and receive a copy of this form.
- *** I understand that disclosure will include Mental Health, HIV/AIDS/STD, Genetic Testing, and Drug/Alcohol Abuse information (refer to Section 3 above).**
- I understand I have the right to refuse to sign this authorization, and Duly does not condition treatment on this authorization, except disclosure necessary for payment of claims (excluding psychotherapy notes) or provision of healthcare solely for the purpose of creating PHI for disclosure to a third party (e.g. pre-employment or life insurance physicals).

I HEREBY ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND THE STATEMENTS AND CONSENT TO THE RELEASE OF RECORDS.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(Witness required unless continuation of care or transfer of care is marked in Section 5, or records are produced to the patient)

Representative Signature (for minors, etc.):_____ Relationship: _____ Date: _____