Shorewood
1039 Brookforest Ave., Shorewood, IL 60404
P: 815.733.5952 **W**: emediatecure.com

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I__________________________________ (first and last name) ____________________ (Date of birth), hereby give my permission to Emediate Cure Quick Care to release the following information (check all that apply):

- o My Complete Medical Records (including lab and radiology reports)
- o Lab test results
- o HIV, AIDS and other communicable disease test results
- o Radiology reports/exams
- o Other ____

Please indicate where we should send copies of the information above:

____

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The above information is being released for the purpose of: ____

Expiration date of Authorization: This authorization is effective through: ______/_______/________
Unless revoked or terminated earlier by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization: You may revoke or terminate this authorization by submitting a written revocation to Emediate Cure Quick Care. You should contact the privacy official to terminate this.

Potential for Re-disclosure: I understand my information may be mailed, faxed, or picked up in person. The person or organization sent or transporting the disclosed information under this authorization may disclose information again. It may not be possible to ensure your right to the protection of the privacy of this information once Emediate Cure releases/discloses it to another party.

Rights of the Individual: You may inspect or copy information used or disclosed under this authorization. You may refuse to sign this authorization.

Effect of Refusing Authorization: If you refuse to sign this authorization, Emediate Cure will not deny you any treatment except treatment that you have requested for the purpose of disclosure to others.

________________________	______________________________	______________________
Signature	Patient Name	Date

____	________________________________
Name of Patient Representative Signing for Patient (if Minor)	Relationship to Patient