



Authorization and Release of Information
To Midwest Heart Specialists

Midwest Heart Specialists office that records are to be released to:

- Barrington Office: 27750 W Route 22, Suite 240 60010 Phone: (847) 829-1600 Fax: 847- 829-1634
Downers Grove Office: 3825 Highland Ave, Tower 2 Suite 400, 60515 Phone: (630) 719-4799 Fax: 630-963-7420
Elmhurst Office: 133 E Brush Hill Rd, Suite 202, 60126 Phone (630) 782-4050 Fax: 630-782-4051
Hoffman Estates Office: 1555 N. Barrington Rd, Bldg 3 Suite 3200 60196 Phone (847) 882-8448 Fax: 847-882-8481
Naperville Office: 801 S. Washington, 4th Floor, PO Box 3226, 60566 Phone (630) 281-2726 Fax: 630-281-2726
Winfield Office: 25 N Winfield Rd, Suite 301, 60190 Phone (630) 510-9244 Fax: 630-510-9557

I hereby authorize and request you to release to Dr. _____ of Midwest Heart Specialists the complete
(MHS Cardiologist)
medical records concerning my illness and/or treatment during the following period of time:

From: _____ To: _____

I fully understand that my medical record and/or information in connection with the treatment dates stated above may contain mental health, developmental disabilities, alcohol and drug abuse, and/or acquired immune deficiency syndrome (AIDS) and/or HIV test results and other confidential information.

This authorization shall be in effect for sixty (60) days following the date of signature. A photocopy of this authorization shall constitute a valid authorization. However, I may revoke this authorization at any time (except to the extent that action has already been taken in good faith on this authorization) by and only by submitting a written revocation request.

I hereby release, waive, discharge, and hold harmless Midwest Heart Specialists, Ltd, its shareholders, officers, directors, employees, agents and their heirs, successors and assigns from any and all liability, costs, and damages arising directly or indirectly in connection with the forgoing release of information.

Patient's Name _____ Date of Birth _____

Address: _____

Daytime Phone: _____

Signature: _____ Date: _____