



**AUTHORIZATION FOR RELEASE OF INFORMATION
TO MIDWEST HEART SPECIALISTS, LTD.**

To: _____
Doctor or Hospital

Address: _____ Phone: _____

I hereby authorize and request you to release to _____ of Midwest Heart Specialists
MHS Cardiologist

the complete medical records concerning my illness and/or treatment during the following period of time:

From _____ To _____

Release to:

- 3825 Highland Avenue, Tower 2, Suite 400, Downers Grove, IL 60515 630-719-4799 fax 630-963-7420
- 801 S. Washington, Heart Hospital -4th floor, P.O. Box 3226, Naperville, IL 60566 630-527-2730 fax 630-281-2726
- 429 N. York Rd., Elmhurst, IL 60126 630-782-4050 fax 630-782-5021
- 25 N. Winfield Road, Winfield, IL 60190 630-510-9244 fax 630-510-9557
- 27750 W. Highway 22, Suite 240, Barrington, IL 60010 847-829-1600 fax 847-991-2236
- 1555 North Barrington Road, DB III, Suite 3200 847-882-8448 fax 847-882-8481

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 health 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 the extent that action has already been taken in good faith reliance on this authorization) by and only by submitting a written revocation request to Midwest Heart Specialists, Ltd.

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

Patient's Name: _____ Date of Birth: _____

Address: _____

Daytime telephone _____

Patient's Signature _____ Date: _____
or

Signature of legal representative: _____ Date: _____

Witness: _____ Date: _____