



Mundelein Pediatrics, S.C.
Pediatrics- Adolescents
1170 E. Belvidere Road
Suite #106
Grayslake, IL 60030

Robert Malloy, M.D.
Jennifer Devaney, M.D.
Mandana Farhadieh, M.D.
Shelly Mann, M.D.
Karin Kallwitz, M.D.
Nuha Shair, M.D.
Jeremy Messinger, A.P.N., P.N.P.
Maral Mjukian, A.P.N., P.N.P.

Authorization to Release Medical Records

For Record Release or Copies: By signing this authorization, I authorize the party listed below to use and/ or disclose certain protected health information (PHI) about me/ my child.

Patient Name

Date of Birth

Information Release By Mundelein Pediatrics, S.C.

Immunizations and Growth Records Only (no charge)

Full Records

Information to be Excluded/ Not Released

Mental Health

Drug/ Alcohol Treatment

Other _____

Please Release Medical Records to:

Name/ Address

Obtain From:

Name/ Address

_____ Mundelein Pediatrics 1170 E. Belvidere Road Suite #106 Grayslake IL 60030

Please indicate the reason for request:

Moving

Change in insurance plan

Over 21

Personal

Other (please explain)

I understand and agree that I am financially responsible for the following fees associated with my request: \$15 plus shipping and handling.

Signature of Patient, Parent or Legal Guardian

Date

Print Name of Patient, Parent or Legal Guardian

Phone Number

*This form must be completed by parent or guardian in order to release medical records or a minor. Payment must be made before obtaining medical records.