



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

Jennifer Devaney, M.D.
Karin Kallwitz, M.D.
Kathy Seskiewicz, M.D.
Diana Trew, M.D.
Heidi Kramer, M.D.
Michael Slavik, D.O.
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.