

Mundelein Pediatrics
1170 E. Belvidere Rd. Ste#106
Grayslake, IL. 60030
Phone: 847-548-7337
Fax: 847-548-9909

HIPAA Release Form

Acknowledgement & Authorization Form

Patient Name _____

DOB _____

Notice of Privacy Practices

I acknowledge receipt of the physician's Notice of Privacy Practices. The notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information

I understand that the physician has reserved the right to change his or her privacy practices that are described in the Notice. I also understand that a copy of the Notice will be provided upon request or available to me on our website. We may use your protected health information (PHI) for the following:

- Treatment: your protected health information may be used or disclose by those who are involved in your care.
- Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you.
- Required by law: your PHI will be used or shared as required and allowed by law.

Phone Message and Contact Authorization

Do the physicians and staff of Mundelein Pediatrics have your permission to:

Leave a message with detailed information

Leave a message with a call back number

Authorized Individuals

I give authorization to the doctors and staff of Mundelein Pediatrics to discuss my child's protected health information and financial information with the following people.

Name	Relationship	Phone

Signature of Patient (If 18 years or older), Parent or Guardian

Print Name

Date