

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

The information that you are requesting may be available through your MyChart Account at <https://mychart.dupagemedicalgroup.com>. If you require additional information, complete this authorization.

### Patient Information-Please complete all blanks

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

### I authorize DuPage Medical Group (DMG) to release patient records to:

Name of Individual/Organization \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Method of delivery: Check the box for preferred method of delivery

- By US Mail:
- By secure electronic delivery (requires internet access): Email Address: \_\_\_\_\_  
Select a PIN Number (up to 10 digits; if not chosen date of birth will be used) \_\_\_\_\_
- Call for pick up by the patient or their legal representative. All records will be held at the site for pick up after payment is received. **A Photo ID is required to pick up records.**

Please indicate from which site you would prefer to pick up records.

- Administrative Office 1100 W. 31<sup>st</sup> Street, Downers Grove, IL. 60515 Suite 300 Reception desk
- 430 Pennsylvania Ave. Glen Ellyn, IL. 60137 1<sup>st</sup> floor greeter desk
- 100 Spalding Drive, Suite 300, Naperville, IL. 60540 Registration desk

Name of person picking up the records, if other than the patient: \_\_\_\_\_

### The purpose of the disclosure is:

- Continuation of Care       Personal reasons       Insurance       Legal
- Other (fill-in) \_\_\_\_\_

**Records of 2 years or less going to the patient or individual reports or records going to other physicians are provided at no charge. All other records require PREPAYMENT and are billed based upon the number of pages to be released.**

