



AUTHORIZATION FOR RELEASE OF INFORMATION

EMPLOYEE INFORMATION

Name: _____ Birthdate: _____
Phone Number: _____ Social Security Number: _____
Address: _____ City, State, Zip: _____
Employee ID Number: _____ Job Title: _____

EMPLOYEE HEALTH RECORDS TO BE RELEASED FROM:

Ann & Robert H. Lurie Children's Hospital of Chicago
Employee Health Services
225 E. Chicago Ave Box 281
Chicago IL, 60611

RECORDS TO BE RELEASED TO:

I hereby authorize Lurie Children's to release information to:

Person/Institution: _____
Phone Number: _____ Fax Number: _____
Address: _____ City, State, Zip: _____
Email Address: _____

I request that records be sent via: Fax US Mail Email

Turnaround time for requests is 7-10 business days.

INFORMATION TO BE RELEASED:

Immunization History as one of the following:

Employee Volunteer Fellow Resident Attending Student

Concerning the care of the above patient between these dates: _____ - _____

This information for which I'm authorizing disclosure will be used for the following purpose:

- My personal use
 Sharing with other health care providers
 Other (please specify) _____

I understand that I have the right to inspect the disclosed information and may revoke this authorization at any time in writing except to the extent those records have already been released. In the event that written revocation of this consent is not made, this authorization will automatically expire in (6) months unless expiration date is otherwise amended.

Signature of Employee: _____ Date _____

Fax this form to 312-227-9448 for processing

The Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, state that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient. The Federal Confidentiality Rules 42 CFR Part 2 prohibit making any further disclosure of drug and alcohol information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information does NOT restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.[52 FR 21809, June 9, 1987; 52 FR41997. Nov. 2, 1987]