



Parag B. Thakkar MD SC
Internal Medicine & Primary Care
 1170 E. Belvidere Rd Suite210
 Grayslake IL 60030

Tel. 847-548-9186
 Fax 847-548-1356
 www.drthakkar.com

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient: _____ **Date of Birth:** _____
 (First Name) (Middle Initial) (Last Name)

Address: _____

Parag B. Thakkar, MD SC is authorized to **disclose to** / **receive from:**

Recipient/Discloser: _____

Address: _____

For the Purpose of : _____
 (optional)

I authorize release of medical records: including information and records or copies of records relating to the history, diagnosis, treatment or services rendered to me in connection with any condition or disease. This includes permission to release POTENTIALLY SENSITIVE INFORMATION which may include information concerning my treatment of mental illness, Human Immunodeficiency Virus (HIV), alcoholism, drug use/dependency, venereal disease, sexual assaults, abortion, illegitimacy of birth, communications to social workers and/or psychologist, if any.

- I give permission to release all my medical records.
- I give permission to release medical records specifically described below.

I release Parag B. Thakkar MD SC and the Recipient/Discloser listed above, and any of their providers and staff from all responsibility or liability that may arise from this authorization. I may withdraw this authorization at any time by giving written notification to Parag B. Thakkar MD SC, provided that I do so in writing and to the extent that you have already disclosed the information in reliance on this authorization. This Authorization expires on ____/____/____ (Optional) *If no expiration date is given, then this authorization shall remain in effect for a period reasonably needed to complete the request.*

 Patient Signature (Parent's Representative if minor) Date

 Witness Signature Date

If transferring care to another provider, please let us know the reason so that we may improve our patient care (check all that apply):

- Not satisfied with Doctor/Provider
- Not satisfied with staff (which staff member: _____)
- Moving out of the area?
- Other (Please describe: _____)