



SUNNY HILL TUBERCULOSIS CLINIC

503 ELLA AVENUE

JOLIET, ILLINOIS 60433

Phone: (815) 740-4420

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**AUTHORIZATION FOR DISCLOSURE
OF MEDICAL RECORDS INFORMATION
5 Working Days to Process
Thanks for Your Cooperation**

Pamela A. Boucher, RN, MSN
Administrator

Gary M. Trager, M.D., F.A.C.P.
Medical Director

Patients Name: _____ SSN _____

Address: _____

City/State/ Zip: _____

Phone: _____ Birthdate: _____

I hereby authorize Sunny Hill Tuberculosis Clinic

To release to:

Institution, Individual, Agency

Street Address

City, State/Zip Code

() Myself A copy of the following records
Covering dates from _____ To _____

- Entire record
- PPD Positive (treatment copies)
- X-ray report
- Copy of negative Skin Test Results

- Laboratory results
- Copy of x-ray film

This authorization is valid for 30 days after the date of signature. This authorization may be revoked by the patient except to the extent that action has already been taken to comply with it. Any disclosure of Medical Record information by the receiving party is **PROHIBITED** except when implicit in the purposes of this disclosure. The medical records and/or information authorized to be disclosed hereunder are privileged and confidential and may be disclosed only by authorization except as required by law.

I understand that my records may contain information regarding the diagnosis treatment of HIV (AIDS virus), other sexually transmitted disease, incarceration, or drug or alcohol abuse. I give my specific authorization for these records to be released. As of April 2003, federal privacy laws (**HIPAA**) have changed. We can no longer fax copies of skin tests or other medical records to schools, place of business, or a patient's home.

Authorized Signature

Relationship

Witness

Date

This authorization must be signed by the patient, not the spouse, or the parent if the patient is a minor under the age of 18, otherwise the records/copy's will not be released. If a family member picks up your copies, he/she will need a written authorization letter from you to release your records and will need to show identification. W-52 disk 2 revised 4/2003