



901 Buccaneer Dr. N
Glenview, IL 60026
Ph (847) 724-8015
Fax (847)728-8221

Patient's Information

Healthcare Provider/s to Disclose This Information

1) Name:

Address:

Phone number:

2) Name:

Address:

Phone number:

3) Name:

Address:

Phone number:

Authorization

I authorize the above healthcare providers to use and disclose the protected health information described below to Feed to Succeed, LLC.

Effective Period

This authorization for the release of information covers the period of healthcare of all past, present, and future periods.

Extent of Authorization

I authorize the release of my complete health record with the **exception** of the following information:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse & treatment

This medical information may be used by Feed to Succeed, LLC for medical treatment or consultation, billing and claims payment, or other purposes as I may direct.

This authorization shall be in force and effect during our work together.



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I understand that I have the right to revoke this authorization, in writing, at anytime. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I agree:

Legal Guardian's or Parent's Signature

I certify that I am the of and that I do have legal custody of . I accept the above agreements on the behalf of my child.

I agree:
