



glenbrookpediatrics

2551 Compass Rd. Suite 100

Glenview IL, 60026

Main Phone: 847-729-6445 Main Fax: 847-729-9707

Billing Phone: 847-729-9806 Billing Fax: 847-729-4659

Transfer or Copy of Medical Records Request

All medical record transfer or copy requests will be filled within thirty (30) days following the receipt of a signed consent form AND the required transfer/copy fee. Illinois statute 735 ILCS 5/8-2006 states we have the right to charge for the cost of copying these records and that we have thirty (30) days to complete the request after payment is received. The minimum fee for the transfer and/or copy of records is \$30.00 per child. This \$30.00 fee per child must be paid before we will process your request. We will continue to store your records for 8 years following your request. Any open balance on your account should also be paid in full prior to release. Confidentiality is maintained during the transfer of records.

In order to expedite the transfer/copy of the medical records, please fill out the bottom portion of this form authorizing the release of the records. Records included to be copied are: problem lists, immunizations and consultation reports. Old records from transfers to our practice will also be copied. Records will be reviewed by your physician prior to being forwarded.

Date of Request: _____

Name(s) of child or children:

Birthdates:

Reason for transfer/copy:

Our insurance changed to _____

Child or children seeing an internist

We are moving out of the area

Other (please specify) _____

I, _____ authorize the transfer of the records for the child or children listed above be sent to:

Signature: _____