The Eisenstein Clinic

Release of medical records

Authorization to Transfer Medical Records Authorization	•
hospitalization for diagnosis and/or treatment of ps abuse and/or HIV test results, AIDS, or AIDS related	
Release to: Name: Jennifer Eisenstein APRN, DNP	
Practice: The Eisenstein Clinic	
Address: 415 West Golf Road Suite 2	
City: Arlington Heights	
State: II	
ZIP: 60005	
Office: 847-329-2020	
Fax: 847-258-4548	
Uses the purpose of the release of this information	is: Continuity of Medical Care Restrictions the recipient should not further disclose
medical information unless a valid authorization is of specifically required or permitted by law. Duration 1	obtained or unless such use or disclosure is This authorization will expire 60 days from today or horization prior to the above limit, notification must g and bear the patient's or legal representative's
Name:	Date of Birth:
Date(s) of Treatment:	
Signatures:	
Patient's Signature:	Date:
Witness Signature:	Date: