



# Allied Healthcare

A S S O C I A T E S

## Medical Records

Your medical records will be held in the strictest confidence. If you request a copy of your medical records to be sent to another physician or to yourself, a written authorization will be requested and a fee will be required for the service, depending on the size of the record. Only the records requested will be forwarded. Should you bring records from another physician, you might consider keeping a copy for yourself. We make use of a service for the transfer of medical records, which ensures confidentiality and reduces copying costs.

## Contact Information

1500 Shermer Rd, Suite 212      Phone: (847) 498-9090  
Northbrook, IL 60062      Fax: (847) 498-9191  
Website: [www.ahadoctor.com](http://www.ahadoctor.com)

I hereby give my consent for Allied Healthcare Associates to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations

With this consent, Allied Healthcare Associates and its employees may call my home or other alternative locations and leave a message on voice mail or in person in reference to any items that assist the practice in carry out treatment, payment and healthcare operations, such as appointment reminders, insurance items and any calls pertaining to my clinical care including laboratory or other results. Allied Healthcare Associates may mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and healthcare operations such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

By signing below, I acknowledge that I have read and understand the information presented above and wish to receive diagnostic and treatment services from Allied Healthcare Associates P.C. I agree to be fully responsible for any and all changes for services rendered and not covered by my insurance plan. Failure to sign this document may result in termination of care.

**Print Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Signature** \_\_\_\_\_