

OB-Gyne Associates of Libertyville, S.C.

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Private Health Information (PHI) Authorization

OB-Gyne Associates of Libertyville S.C. is authorized to communicate PHI such as lab results, physician messages, or appointment information with the following person(s):

_____ Relationship: _____

_____ Relationship: _____

By initialing I authorize OB-Gyne Associates of Libertyville S.C. to leave messages regarding my PHI at the following:

home _____ work _____ cell phone _____

mailed to home _____ emailed _____

AUTHORIZATION TO PAY BENEFITS AND RELEASE INFORMATION:

I hereby authorize Ob-Gyne Associates of Libertyville, S.C. to receive direct payment of medical insurance benefits on any unpaid balances and to release any information acquired in the course of my examination and treatment required to process the claims. I am aware that in most cases medical records are disposed after 7 years.

Policy will be effective until patient notifies us of changes.

Signature _____ Date _____

3/24/16