

Fussy Baby Network  
Erikson Institute  
451 North LaSalle, Chicago, IL 60654  
(888) 431-BABY (2229)

Authorization for Release of Personal Health Information

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Child's Date of Birth (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the Fussy Baby Network to release/obtain the below information:

To \_\_\_\_\_ From \_\_\_\_\_  
Name RECORDS DEPOSITION SERVICE, INC. P: 312-553-8900  
Address 120 W. MADISON STREET, STE. 300 F: 312-553-8901  
City, State, Zip code CHICAGO, IL 60602

Type of Information

Developmental \_\_\_\_\_  
Medical Reports \_\_\_\_\_  
Occupational Therapy \_\_\_\_\_  
Physical Therapy \_\_\_\_\_  
Psychiatric/Psychological \_\_\_\_\_  
Social History/Assessment \_\_\_\_\_  
Social Work \_\_\_\_\_  
Speech/language \_\_\_\_\_  
Other (specify) Please see enclosed Subpoena or Letter Request for information to be disclosed.

The Purpose of Requesting this Information is to:

Coordinate, plan, and implement services  Facilitate transition  
Other (specify) FOR DISCOVERY BEFORE TRIAL

I understand that I have the right to inspect and copy the information to be disclosed. I understand that my authorization is voluntary and that I may withdraw this consent by written request at any time, to the extent that action has already been taken.

The authorization is valid until \_\_\_\_\_, 20\_\_.

Witness Signature \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

Requested Information should be sent to:  
Erikson Institute Fussy Baby Network 451 N. LaSalle St Chicago, Illinois 60611

Notice to Receiving Agency or Person: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the law allows the redisclosure.