



June 28, 2016

Paul Dulberg
4606 Hayden Ct
McHenry, IL 60050

Daniele M. Anderson, M.D.	Karim R. Nahra, M.D.
Barry H. Bikshorn, M.D.	Manisha Sahay, M.D.
Jeffrey S. Farbman, M.D.	Jordan S. Samuels, M.D.
Andrew J. Gordon, M.D.	Sanford S. Sherman, M.D.
George Katsamakis, M.D.	Andrew R. Grover, P.A.-C.
Aslam M. Khaja, M.D.	Lisa R. Jackson, N.P.
Ahmir H. Khan, M.D., Ph.D.	Aaron C. Malina, Ph.D.
Donald T. Kuhlman, M.D.	Theresa L. Terna, N.P.
Erin M. McGonigle, M.D.	

Dear Paul Dulberg,

As you may or may not be familiar with our Neurology Group, please allow me to introduce us. Our name is **Northwest Neurology, Ltd.** and we are a group of 14 Physicians and 3 Mid-Levels with offices in Lake Barrington, Rolling Meadows, South Barrington, Crystal Lake and Libertyville. We are on staff and examine patients at Condell Hospital, Good Shepard Hospital, Northwest Community Hospital and St. Alexius Medical Center.

Our newest location, 1900 Hollister, Suite 210 in Libertyville coincides with our being asked by Advocate to help them expand neurological services at Condell Hospital. Interestingly, while searching for space in the 1900 Hollister building, we were shown an empty suite that contained medical records (paper charts) that at one time belonged to the neurology practice of Drs. Grobman and Levin. The building management asked us to assist them in confidentially advising patients that their chart is being kept under lock and key, and that if you would like us to forward the chart to another medical professional we would be happy to do so. As a service to you, the patient, we agreed to assist them in this effort. As a fully functioning medical practice we are well versed in the privacy rules that govern access to medical records and in turn how the actual paper medical record should be handled.

Should you want us to send your chart to your neurologist please fill out the enclosed form and fax it to the number provided, and we will securely forward your chart.

Lastly, if you have not located a new neurologist in the area, please consider joining our practice, as we have provided excellent care to patients for over 33 years and have specialists who treat various neurological conditions. The physicians of Northwest Neurology are dedicated to providing comprehensive patient care with passion and years of collective experience. Northwest Neurology's doctors and nursing staff have developed multiple "Centers of Excellence" over the years and gained specialized expertise working together so as to collaborate and implement best medical practices. The practice treats patients with the following medical conditions.

General Neurology
Multiple Sclerosis (MS)
Neuromuscular Diseases
Parkinson's Disease
Movement Disorders

Neuropsychology
Rehabilitation Service
Dementia
Cognitive Disorders
Migraine-Headache

Concussion
Seizure disorder and Epilepsy
Women's Neurology
Stroke

- If you would like to make an appointment with a Northwest Neurology Physician please call **847-882-6604**
- If you would like your chart to be forwarded to your neurologist, please call the special line we have set up **224-424-0122** and we will assist you.

Thank you,

Northwest Neurology, Ltd

South Barrington
100 W. Higgins Road, Suite H-45
South Barrington, IL 60010

Lake Barrington
22285 Pepper Rd, Suite 401
Lake Barrington, IL 60010

Libertyville
1900 Hollister Dr., Suite 210
Libertyville, IL 60048

Crystal Lake
525 Congress Pkwy., Suite 120
Crystal Lake, IL 60014

Rolling Meadows
3701 Algonquin Rd., Suite 800
Rolling Meadows, IL 60008

Phone 847-882-6604 | Fax 847-882-6228 | northwestneuro.com

HIPAA Compliant Request for Information

FAX TO: (847)-882-8228

1. MY INFORMATION:

Patient Name:	Address:		
Phone:	Fax:	City:	State: Zip:
Email Address:	Date of Birth: Last 4 SS#		

2. CUSTODIAN INFO: I hereby give the following entity permission to release my Protected Health Information (PHI):

Patient Name:	Address:		
Phone:	Fax:	City:	State: Zip:

3. INFORMATION REQUESTED: I instruct the above entity to release a copy of the following information (Check one)

☐ Entire record

☐ Specific records: _____

4. WHERE TO SEND: I am requesting the above designated records to be released to the following entity or physician:

Physician Name:	Address:		
Phone:	Fax:	City:	State: Zip:

5. FORM & FORMAT OF RECORDS: I request the copies of records to be delivered as follows:

<input checked="" type="checkbox"/>	Form	Format	Method of Delivery
	Hard Copy	Paper	Mailed to the address indicated above

6. REASON FOR DISCLOSURE: I am requesting my PHI to be disclosed for the following purpose: _____

This authorization is valid for 90 days. I may revoke this authorization at any time by mailing or personally delivering a signed, written notice of revocation to the healthcare provider at which this authorization was executed. Such revocation will be effective upon receipt, except to the extent that the recipient has already taken action in reliance on this Authorization. I am entitled to a copy of this authorization upon my request. I may not be required to sign this Authorization as a condition to obtaining treatment or payment or my eligibility for benefits. The recipient of this protected health information is prohibited from re-disclosing this information unless the recipient obtains authorization from me or unless the disclosure is specifically required or permitted by law. Where permitted, the information I am requesting to be disclosed may sometimes be re-disclosed by the recipient and may no longer be protected by law. I am entitled to notice if my protected health information is used for marketing and results in remuneration to the provider. I hereby acknowledge that I have read and fully understand the above statements as they apply to me.

Signature of Patient

Date

Signature of Parent/Guardian or Personal Representative (attach proper documentation)

Date