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RECEIVED

12-29-03

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, Jeffery Talow, authorize David B. Altman, M.D. to release to

Charles Chesnow DO, Warren Silberman, DO, Barton Pakull, MD, Alan Sagar, MD  
Agency/Facility/Person Address  
and staff of Aero medical Certification Division FAA

the following information:

_____ City	_____ State	_____ Zip Code
_____ Dates of Treatment	_____ Discharge Report	_____ Psychological testing
<input checked="" type="checkbox"/> Evaluation	_____ Patient Status	_____ Lab/EKG/X-rays
<input checked="" type="checkbox"/> Rerelease documents from other sources	_____	<input checked="" type="checkbox"/> Progress Notes
<input type="checkbox"/> Information necessary to fulfill the contractual obligations of my third party payer		
<input type="checkbox"/> Other _____		

for the purpose of:

Reimbursement for Treatment  
 Continuity of Care  
 Disability Determination  
 Evidence of Care  
 Other \_\_\_\_\_

I understand that my records are protected under the Federal Confidentiality Regulation (42 CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may in writing revoke this consent at any time except to the extent that disclosure was made prior to the time I revoked it. If no prior notice of revocation is received, this consent will expire automatically 365 days after the date indicated hereon. I further understand that disclosure includes the right of the recipient to inspect and copy the information to be disclosed.

I understand that I have the right to inspect and copy the information to be disclosed.

I understand that if I refuse to consent to this release of information, the following are the consequences (specify):

Third party payer will not reimburse  
 Discontinuity of care  
 Unable to provide comprehensive evaluation  
 Other \_\_\_\_\_

\_\_\_\_\_  
Examinee Signature                      Date                      Witness Signature                      Date

Notice to Receiving/Agency Person:

You may not disclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure. A general authorization for release of medical or other information is NOT sufficient for this purpose. Under the Federal Act of July 1, 1975, Confidentiality of Mental, Nervous, Alcohol and Drug Abuse Patient Records, NO records, nor information from such records, may be further disclosed without specific authorization for such redisclosure.