

Request for Information Illinois Hospital Report Card Act

I, _____ hereby request to view
(Print name)

(Insert information requested)

I hereby acknowledge that I am not entitled to review or have access to any information containing any individually identifiable patient, employee or licensed professional.

If the information that I have requested is not readily available, the Office of Corporate Compliance will contact me at the telephone number listed below when such information becomes available. Upon notification that such information is available, I may view the information requested at the Office of Corporate Compliance, at Children's Memorial Hospital.

(Signed name)

(Street address)

(City, State, Zip)

(Telephone number)

(Date)