

Request for Information Under the 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, I will be contacted 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 a Rehabilitation Institute of Chicago location.

Signed name

Date

Street address

City

State

Zip

Telephone number

Acknowledgement of Receipt of Information Provided Under the Illinois Hospital Report Card Act

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Insert information requested

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Rehabilitation Institute *of* Chicago