

La Rabida Children's Hospital

East 65th Street at Lake Michigan
Chicago, IL 60649
P: 773.363.6700



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 Compliance, at La Rabida Children's Hospital.

Signed Name

Street Address

.....
City State Zip code

Telephone (.....).....

Date/...../.....

This form can be mailed to the Compliance Officer at La Rabida.