



**LA RABIDA**  
CHILDREN'S HOSPITAL

Raising Possibilities for a Lifetime

## Request for Information Illinois Hospital Report Card Act

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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** ...../...../.....

*Please submit this form to Patricia DiFiglio, Compliance Officer at La Rabida  
This form can be emailed to [pdifiglio@larabida.org](mailto:pdifiglio@larabida.org) or sent through postal mail to:*

**La Rabida Children's Hospital  
Attention: Compliance Officer at La Rabida  
6501 South Promontory Drive  
Chicago, IL 60649**

773-363-6700  
[www.larabida.org](http://www.larabida.org)

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