

# How to obtain/release clinical records and complete a valid electronic Authorization for Release of Information

## How to obtain your Kenneth Young clinical record:

In order to obtain a copy of your medical record, a valid mental health/HIPAA compliant signed and dated authorization for release of information is needed. The only exception is for minors (between 12-17), which requires authorization from the client **AND** the parent/guardian. Minors under the age of 12 only require the parent/guardian signature. Please fill out this form in its entirety. All areas must be completed for the authorization to release to be valid. Both electronic and paper Authorization for Release of Information forms can be accessed on our website on the forms page. The paper form can be mailed, faxed or completed in person. If you have additional questions, the phone number to medical records is (847) 524-8800 x 109.

## Instructions for how to complete a valid release form:

Please fill out this form in its entirety. See example below:

**1** I authorize   
Kenneth Young Center Staff Member

Check one that applies:  to exchange with  
 to receive from  
 to release to

**2** Agency/Facility/Person:

**3** Phone Number & Address of Agency/Facility/Person:

**4**

Assessment:  Psychiatric  
 Psychological  
 Educational  
 Substance Use

Treatment Plan:  Psychiatric  
 Medical  
 Substance Abuse  
 Individualized Treatment Plan  
 Individualized Education Plan (IEP)

Other Information:  Medical History  
 Admission Summary  
 Discharge Summary  
 Legal (specify below)  
 Other

**5** If legal please specify:

**6** If hospital records specify date of hospitalization:   
Date

- **Line 1**- Please identify KYC staff to whom you are allowing communication. Note for KYC records request: this line will always be "Kenneth Young Center"
- **Line 2**- This will be the name of agency, facility, or person to whom you are authorizing us to communicate with/release records to
- **Line 3**- This must include the phone number and address of the Dr.'s. office, agency, or person to whom you are authorizing us to communicate with/release records to
- **Section 4** – Identify the type of information you would like us to communicate/release. Check all that apply. Note for KYC records request: Psychiatric Assessment and Individualized treatment plan must be marked. Only the information checked will be released.
- **Line 5** – Please specify here if you checked either the "Legal" or "Other" box in Section 4. Note for KYC records request: this line can be left blank unless you would like us to obtain lab work, then we will need specific dates (e.g. 11/10/2020-11/25/2020)
- **Line 6** – Please indicate date range of hospitalization or dates of service to be released. Note for KYC records request: this line can be left blank

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**7** Patient Full Name:

Patient date of birth:  Date

**8** For the purpose of:

Assessment  
 Treatment Plan  
 Coordination of Care  
 Other

**9** I understand this information may be transmitted via the following mode (please check all acceptable):

Written  
 Verbal  
 Electronic

**10** This consent is valid until calendar date:  Max one year from today's date

**11** Signature of Recipient (age 12 and older):  Clear

**12** Signature of parent/guardian of minor OR guardian of disabled recipient:  Clear

Date:  Date

- **Section 7-** Please include clients full name and date of birth.
- **Line 8-** Identify the purpose for which the information will be used. Check all that apply. If unsure please ask your primary clinician
- **Line 9-** Please mark all ways you would like us to be able to communicate. (Written, Verbal, Electronic) Check all that apply.
- **Line 10-** 1 year from date of signature. This is the date the form is no longer valid. Often releases are valid for 1 year unless you want it for a shorter duration – please specify.
- **Line 11-** is where client 12 & older must sign & date using your mouse or touch pad.
- **Line 12-** legal guardian for clients younger than 12 must sign & date using your mouse or touch pad.

**Please note:** Signature of witness and date required for PDF version of Release of Information. Note, all signature dates must be the same.

### Charges:

Kenneth Young Center charges for a nominal fee for obtaining copies of your medical record. However, this fee for obtaining records is waived if the copies are mailed, faxed, or emailed to another treatment provider including physician, healthcare facility, or school. We charge for paper and electronic copies. Records over 51 pages will be multiplied by .18 for electronic and .36 for paper. **\*\*Please note it may take up to 30 days to process your request\*\***

The charge is as follows:

<u>ELECTRONIC COPY (CD)</u>	
Pages 1-25.....	\$0.53 per page
Pages 26-50.....	\$0.35 per page
Pages 51 + .....	\$0.18 per page

<u>PAPER COPY</u>	
Pages 1-25.....	\$1.07 per page
Pages 26-50.....	\$0.71 per page
Pages 51 + .....	\$0.36 per page