

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

*****PLEASE NOTE: If you would like Kenneth Young Center to request hospital records from Alexian Brothers Behavioral Health Hospital, Streamwood Behavioral Healthcare System, Northwest Community Hospital, and St. Alexius Medical Center, you will need to contact Samantha Vega at (847) 524-8800 x 109 and come in to sign a physical copy of their release of information form*****

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. 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:

MM/DD/YYYY 📅

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
- **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. Note for KYC records request: this line can be left blank

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7 Patient Full Name:

Patient date of birth: Date

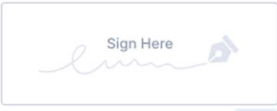
8 For the purpose of:


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): 

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

Date: Date

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- **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.

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 allow 5-7 business days for any record requests to be processed****

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