



Authorization to release confidential health information records

Who may authorize release of records:

- Patient, age 18 or older
- If patient is an adult who has a guardian, guardian signature is required
- Patient AND parent/guardian if patient is age 12-17
- Parent or guardian if patient younger than 12 years old AND
- Signature of an adult who witnessed the patient/parent/guardian signature

Please note all highlighted fields must be completed.

Please send completed form to:

Human Service Center
Medical Records / Health Information
PO Box 1346
Peoria, IL 61654-1346
Or fax to: 309. 671.8021

Please call if you have any questions: 309. 671.8005

Please note there may be a charge for records.