

| Medical Records Department |
|---|
| 1109 South Lincoln Avenue |
| Urbana, IL 61801 |
| Phone (217) 333-2700 Fax (217) 244-6495 |

| | place label here | |
|-------|------------------|--|
| Name: | | |
| UIN: | | |
| Date: | | |

| | | | | | | of Request |
|--|--|--|--|--|--|--|
| I au | thorize McKinle | y Health Cer | nter to: (select o | ne) 🗆 ro | elease 🗆 re | |
| Add | dress | | | | | |
| City *Ph | y, State, Zip one # | | *Fax # | | *For Health | Care Facility Fax Use Only |
| Spe □ Σ | ecific Records to X-ray Reports [| be Disclose ☐ X-ray Imag | d: ☐ Immunization | on Records [752 for x-ray i | ☐ Clinic Notes mage charges) | ☐ Laboratory Reports |
| App | proximate date(| s) of treatmo | ent: | | | |
| Pur | rpose of Disclos | | | | | □Volunteer Work |
| Sne | cify Method: | | Mail □ Fax (to b | ealth care fac | rilities/schools o | only) Hand Carry |
| of I | checking the bo HIV/AIDS (as de Alcohol and/or dr will not be release Mental Health inf | only one) Ex or boxes begined by Illinoring abuse treated unless speciformation (as details) | Upload to MyMcK Note: Entire records relow, you are authoris Statute) – will not be ment information proteifically indicated. Signal defined by Illinois Men | inley Student cannot be uplorizing the re- e released under ected under the nature of witner tal Health and | Health Portal (a paded lease of the follows specifically in regulations in 42 ss is required belowelopmental Developmental Devel | Code of Federal Regulations – low. Disabilities Confidentiality Act) – |
| of I By ⊕ □ | checking the bo HIV/AIDS (as de Alcohol and/or dr will not be release Mental Health inf will not be release | only one) ox or boxes begined by Illinoring abuse treated unless specification (as ded unless specified unless specification (as ded unless specified unless s | Upload to MyMcK Note: Entire records relow, you are authoris Statute) – will not be ment information proteifically indicated. Sign | inley Student cannot be uplorizing the re- e released under ected under the nature of witner tal Health and | Health Portal (a paded lease of the follows specifically in regulations in 42 ss is required belowelopmental Developmental Devel | lowing information: Indicated. Code of Federal Regulations – Low. Disabilities Confidentiality Act) – |
| By G | checking the both HIV/AIDS (as de Alcohol and/or drivill not be released Mental Health infinity will not be released Mental Health infinity will not be released NDERSTAND THE I have the right to in Revoking this constant Any revocation of a Confidential infolonger protected by | ex or boxes be fined by Illinoring abuse treated unless speciformation (as ded unless speciformation and receipent shall have not consent must be formation discloolaw.** | Upload to MyMcK Note: Entire records relow, you are authorised is Statute) – will not be ment information protein in the infically indicated. Signal defined by Illinois Mentifically indicated. Signal versus of information of effect on disclosures may submitted in writing to the inseed and used pursuant to | inley Student cannot be upled prizing the released under the cature of witner tal Health and cature of witner to be disclosed, and before the review Medical Record this Authorization | Health Portal (a paded lease of the folless specifically in regulations in 42 as is required belowed by the property of the pr | lowing information: ndicated. Code of Federal Regulations – low. Disabilities Confidentiality Act) – low. revoke this consent at any time. It by the person who gave the consent. To redisclosure by the recipient and no wing are the consequences: |
| By C | checking the both HIV/AIDS (as de Alcohol and/or dr will not be released Mental Health inf will not be released MDERSTAND THE I have the right to in Revoking this consumption of the confidential infologer protected by It has been explained. | ex or boxes be fined by Illinoring abuse treated unless speciformation (as ded unless speciformation (as ded unless speciformation (as ded unless speciformation disconsent must be formation discloblaw.** | Upload to MyMcK Note: Entire records relow, you are authorised is Statute) – will not be ment information protein in the infically indicated. Signal defined by Illinois Mentifically indicated. Signal versus of information of effect on disclosures may submitted in writing to the inseed and used pursuant to | inley Student cannot be uple orizing the released under the acture of witner tal Health and acture of witner to be disclosed, and before the review Medical Record this Authorization disclosure of information of the statement of the Medical Record this Authorization disclosure of information or the medical record this Authorization disclosure of information or the statement of t | Health Portal (a paded lease of the follows specifically in regulations in 42 as is required belowed by the property of the pr | lowing information: ndicated. Code of Federal Regulations – low. Disabilities Confidentiality Act) – low. revoke this consent at any time. t. I by the person who gave the consent. o redisclosure by the recipient and no wing are the consequences: (specify if any) |
| of I By (| checking the both HIV/AIDS (as de Alcohol and/or drawill not be released Mental Health infinity will not be released Mental Health infinity will not be released MDERSTAND THE I have the right to in Revoking this consumant of the confidential influence protected by It has been explained This authorization | ex or boxes be fined by Illinoring abuse treated unless specification (as dedunless specification). The FOLLOW inspect and receipent shall have not consent must be formation disclobation.** The expires 90 calculations of the control of the contr | Upload to MyMcK Note: Entire records relow, you are authorised is Statute) – will not be ment information protein in the infically indicated. Signal defined by Illinois Mentifically indicated. Signal VING PROVISIONS: we copies of information of effect on disclosures may submitted in writing to the sed and used pursuant to the refuse to consent to this | inley Student cannot be uplo prizing the received under the nature of witner tal Health and the detect of witner to be disclosed. The Medical Record this Authorization disclosure of informed or upon the | Health Portal (a paded lease of the following specific ally in regulations in 42 ss is required below is sis required below in the following specific of following specific of the following specific of | lowing information: ndicated. Code of Federal Regulations – low. Disabilities Confidentiality Act) – low. revoke this consent at any time. t. I by the person who gave the consent. o redisclosure by the recipient and no wing are the consequences: (specify if any) date, event or condition: |
| of I By (IUN Sigr If si | checking the both HIV/AIDS (as de Alcohol and/or drawill not be released Mental Health infinity will not be released Mental Health infinity will not be released Momental Health infinity will not be released to the confidential infinity will be a successful of th | ex or boxes be fined by Illinoring abuse treated unless specification (as dedunless specification). The FOLLOW inspect and receipent shall have not consent must be formation discloolaw. ** The expires 90 calcor Consenting Patient, indication in the property of the prop | Upload to MyMcK Note: Entire records relow, you are author is Statute) – will not be ment information prote ifically indicated. Sign defined by Illinois Ment ifically indicated. Sign VING PROVISIONS: ve copies of information of effect on disclosures may submitted in writing to the seed and used pursuant to it refuse to consent to this endar days after it is sign | inley Student cannot be uplorizing the received under the cature of witner tal Health and cature of witner to be disclosed. The Medical Record this Authorization disclosure of informed or upon the | Health Portal (a paded lease of the following specific ally in regulations in 42 as is required below the property of the prop | lowing information: ndicated. Code of Federal Regulations – low. Disabilities Confidentiality Act) – low. revoke this consent at any time. t. I by the person who gave the consent. o redisclosure by the recipient and no wing are the consequences: |
| By G | checking the both HIV/AIDS (as de Alcohol and/or drawill not be released Mental Health infinity will not be released Mental Health infinity will not be released Mental Health infinity will not be released MDERSTAND THE I have the right to in Revoking this consecution of a Confidential infolloger protected by It has been explained. This authorization mature of Patient of Institute of Witness Mittel Mental Information of Patient of Institute of Witness Mittel Mental Information of Mittel Mental Informatio | x or boxes befined by Illinoring abuse treated unless speciformation (as ded unless speciformation (as ded unless speciformation disclorated and receivent shall have not consent must be formation disclorated to me that if I expires 90 calcor Consenting Patient, indicated | Upload to MyMcK Note: Entire records relow, you are author is Statute) – will not be ment information prote ifically indicated. Sign defined by Illinois Ment ifically indicated. Sign VING PROVISIONS: ve copies of information of effect on disclosures material in writing to the sed and used pursuant to it refuse to consent to this rendar days after it is sign Individual ate relationship | inley Student cannot be uplorizing the received under the nature of witner tal Health and nature of witner to be disclosed. The Medical Record this Authorization disclosure of informed or upon the | Health Portal (a baded lease of the follows specifically in regulations in 42 as is required belowed by the property of the pr | lowing information: ndicated. Code of Federal Regulations – low. Disabilities Confidentiality Act) – low. revoke this consent at any time. It. I by the person who gave the consent. To redisclosure by the recipient and no wing are the consequences: |
| of I By (I UN Sign If si Sign TICE Tou may | checking the both HIV/AIDS (as de Alcohol and/or drawill not be released Mental Health infivill not confidential infivill longer protected by It has been explained. This authorization mature of Patient of Infiville authorization in the protection of Mental Health infiville not released in the protection of Mental Health infiville not released in the protection of | ex or boxes be fined by Illinoring abuse treated unless specification (as ded unless specification). The first specification is specificated unless specification (as ded unless specification). The first specification disclosion and the first specification (as ded to me that if I are expires 90 calcondered to Consenting Patient, indication of the first specification (as disclosed purious | Upload to MyMcK Note: Entire records relow, you are author is Statute) – will not be ment information prote ifically indicated. Sign defined by Illinois Ment ifically indicated. Sign VING PROVISIONS: ve copies of information of effect on disclosures material and used pursuant to interfere to consent to this rendar days after it is sign Individual The provisional of the provisional properties of the provisional of the provisiona | inley Student cannot be uplorizing the received under the nature of witner tal Health and nature of witner to be disclosed. The Medical Record this Authorization disclosure of informed or upon the med or upon the | Health Portal (a baded lease of the follows specifically in regulations in 42 as is required belowed by the property of the pr | lowing information: ndicated. Code of Federal Regulations – low. Disabilities Confidentiality Act) – low. revoke this consent at any time. t. I by the person who gave the consent. o redisclosure by the recipient and no wing are the consequences: |
| of I By (I UN Sign Sign OTICE Toou may | checking the both HIV/AIDS (as de Alcohol and/or drawill not be released Mental Health infivill not be released MDERSTAND THE I have the right to in Revoking this consideration of the confidential information of the confidential information of the confidential information of the protected by It has been explained. This authorization of Patient of Engrature of Patient of Institute of Witness of RECEIVING AGE | ex or boxes be fined by Illinoring abuse treated unless specification (as ded unless specification). The first specification is specificated unless specification (as ded unless specification). The first specification disclosion and the first specification (as ded to me that if I are expires 90 calcondered to Consenting Patient, indication of the first specification (as disclosed purious | Upload to MyMcK Note: Entire records relow, you are author is Statute) – will not be ment information prote ifically indicated. Sign defined by Illinois Ment ifically indicated. Sign VING PROVISIONS: ve copies of information of effect on disclosures material and used pursuant to interfere to consent to this rendar days after it is sign Individual The provisional of the provisional properties of the provisional of the provisiona | inley Student is cannot be uple orizing the re e released unde ected under the nature of witne tal Health and nature of witne to be disclosed. Inde before the rev ine Medical Recon this Authorization disclosure of info med or upon the | Health Portal (a baded lease of the follows specifically in regulations in 42 as is required belowed below the right to be a second of consent and specifically in the process of the right to be a second of consent and sunit and signed for may be subject to both following specific of the right to the right to be a second of consent and signed for may be subject to both following specific of the right to this disclosure when the right to be a second of the right to be a secon | lowing information: Indicated. Code of Federal Regulations — Low. Disabilities Confidentiality Act) — Low. It by the person who gave the consent. To redisclosure by the recipient and no wing are the consequences: |

EHR Form 450 10/08/2020 ms