

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

AUTHORIZATION FOR ACCESS TO RECORDS OF COURT PROCEEDINGS

Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act

The Court's case file number containing this information is [] _____ [] unknown to me.

I, (PLEASE PRINT NAME) _____, authorize the Clerk of the Circuit Court of Cook County to release information maintained in a court proceeding filed under the provisions of the Illinois Mental Health and Developmental Disabilities Code, 405 ILCS 5/1, et seq., and concerning a recipient¹ of mental health or developmental disability services, to

(PRINT RECIPIENT'S NAME) _____

The information is to be released to [] me [] another (PRINT NAME): _____

The person, facility or agency receiving this information may inspect and copy court records containing such information.

The purpose of this disclosure is: _____

The expiration date of this authorization is: [] _____ [] None. (if "none" is checked, the information will be released only on the date which this authorization is received by the Clerk or directed by the Court.)

My relationship to the recipient is:

[] Recipient

[] Parent/Guardian of recipient under 12 years old

[] Parent/Guardian of recipient between 12 and 18 years old, neither recipient nor service provider objects

[] Guardian of recipient over 18 years old

[] Attorney/Guardian ad litem of recipient between 12 and 18 years old authorized by a court or administrative hearing officer (attach copy of order/authorization)

[] Agent pursuant to power of attorney for health care or property (attach copy of power of attorney)

[] Attorney-in-fact pursuant to declaration for mental health treatment (attach copy of declaration)

It has been explained to me that a refusal to authorize release of this information will have the following consequences:

[] None [] (Specify) _____

Other instructions: _____

I understand this authorization may be revoked² at any time for any reason, and any such revocation will be effective only upon delivery of a written revocation to the Clerk of the Circuit Court of Cook County, County Division, Richard J. Daley Center, Room 1202, Chicago, Illinois 60602-1317.

Under penalties provided by 735 ILCS 5/1-109, the person authorizing disclosure certifies that the statements set forth in this instrument are true and correct, and the witness certifies that said person is known to him/her and is the person who executed this instrument, and the person receiving information certifies s/he is the person so authorized.

Signature of person authorizing disclosure _____ Date _____

Signature of witness _____ Date _____

Print name and address of above witness _____

Signature of person receiving information _____ Date _____

¹Recipient means a person who has received or is receiving mental health or developmental disabilities treatment or habilitation. 405 ILCS 5/1-123.

²Any such revocation shall have no effect on disclosures made prior thereto. 740 ILCS 110/5(c).

NOTICE TO RECEIVING AGENCY, FACILITY OR PERSON: No person or agency to whom any information is disclosed under this section may re-disclose such information unless the person who consents to the disclosure specifically consents to such disclosure. 740 ILCS 110(d). PLEASE TAKE FURTHER NOTICE: Except as otherwise provided by law, records and communications shall remain confidential after the death of a recipient and shall not be disclosed unless the recipient's representative, as defined in the Probate Act of 1975 (755 ILCS 5/1-1, et seq.) and the therapist consent to such disclosure or unless disclosure is authorized by court order after an in camera examination (by the court) and upon good cause shown. 740 ILCS 110/5(e).

FOR CLERK'S OFFICE USE ONLY
[] GRANTED [] DENIED
ITEMS RELEASED:
PHOTO ID.:
ID.:
ID.:
CLERK: