

STATE OF ILLINOIS
TWENTY-FOURTH JUDICIAL CIRCUIT
COURT SERVICES AND PROBATION DEPARTMENT

Katie Canpanella
Chief Managing Officer

Perry County Probation
14 South Walnut St.
Pinckneyville, IL 62274
(618) 357-2622

TO: _____

I KNOWINGLY REQUEST THAT _____
DULY AUTHORIZED REPRESENTATIVE (S) OF THE COURT SERVICES AND
PROBATION DEPARTMENT, TWENTY-FOURTH JUDICIAL CIRCUIT, BE ALLOWED
TO REVIEW OR RECEIVE REPRODUCED COPIES OF RECORDS AND FILES
CONCERNING: _____

OF _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

DATED THIS _____ DAY OF _____, _____.

SIGNED _____
PATIENT, STUDENT,
EMPLOYEE, PARENT,
SUBJECT, INDIVIDUAL

I UNDERSTAND THAT THIS CONSENT IS REVOCABLE EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON, AND THAT THIS CONSENT WILL REMAIN IN FORCE FOR A REASONABLE TIME, BUT NOT TO EXCEED NINETY (90) DAYS FROM DATE OF THIS AUTHORIZATION, IN ORDER TO EFFECTUATE THE PURPOSE FOR WHICH IT IS GIVEN. I UNDERSTAND THAT IF I AUTHORIZE RELEASE OF MY PROTECTED HEALTH INFORMATION TO A PERSON OR ORGANIZATION THAT IS NOT SUBJECT TO FEDERAL LAW GOVERNING PRIVACY, AND THAT PERSON OR ORGANIZATION REDISCLOSES MY PROTECTED HEALTH INFORMATION, MY PROTECTED HEALTH INFORMATION MAY NO LONGER BE PROTECTED BY FEDERAL PRIVACY LAWS.

AUTHORIZED OFFICIAL

DATE