

Village of Mount Prospect
PSEBA Medical Information Release



Health care provider's name and address : _____

Hospital(s)' or practice(s)' name and address: _____

I hereby authorize my physician, physical therapist, and any other health care provider, as well as the institution(s) with which they are to affiliated, to release to the Village of Mount Prospect and/or its representatives any medical records or other medical information (including but not limited to medical or mental health records, reports, x-rays, photographs, notes, bills, payment schedules, prescriptions, insurance records or claims forms) which relate in any way to my ability to perform the essential duties of a _____ with the Village as well as my eligibility for benefits under the Public Safety Employee Benefits Act. The above-described medical records and information should be released to Village Manager Michael Janonis of the Village of Mount Prospect, or any other authorized Village representative.

This request specifically includes the release of any records relating to my current or past mental health status as deemed relevant by the Village, so that the Village may assess my qualification for benefits under the Public Safety Employee Benefits Act. I understand that by releasing these records, I am waiving any rights I might have under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, which governs disclosure of certain confidential mental health information. I understand that if I refuse to consent to disclose these records, the Village may proceed with determining my eligibility for benefits under the Public Safety Employee Benefits Act based on only what information it has currently. This consent will expire one year from the date next to my signature, unless I revoke it earlier, in writing, signed by a witness. I understand any such revocation will not be effective until delivered to the health care providers listed above and will not affect any prior release of information. I understand I may ask to inspect and/or copy the records that are being released.

 Name of Applicant (please print)

 Signature of Applicant

 Date

 Name of Witness (please print)

 Signature of Witness

 Date