

FREEDOM OF INFORMATION REQUEST FORM

VILLAGE OF OAK BROOK
 Freedom of Information Officer
 1200 Oak Brook Road
 Oak Brook, IL 60523
 630-368-5058 Phone
 630-368-5057 FAX

Date: _____
FOR OFFICE USE ONLY:
 Due: _____
 Completion: _____

Name: (Please Print) **RECORDS DEPOSITION SERVICE, INC.**
 Address: **120 W. MADISON STREET, STE. 300, CHICAGO, IL 60602**
P: 312-553-8900 F: 312-553-8901

Daytime Phone: (Provide at least one) Home: _____ Office: _____ Cell: _____
 E-mail address: **ILRequests@recdep.com**

Representing: _____
 Signature: _____

I hereby request the following records. I am describing them in detail, and I will use the reverse side if necessary, or attach a separate sheet of paper.
Please see enclosed Subpoena or Letter Request for information to be disclosed.

Please indicate if you wish to inspect the above referenced record(s) and/or what type of copies you would like to receive:

- I will inspect these records at the Village Hall.
 I request copies of the records and agree to pay the appropriate fee (as indicated below, per Ordinance G-578). I hereby request:
 Printed copy
 Electronic Copy e-mail _____ CD/DVD _____
 _____ Certified Copy (I agree to pay \$1.00 for each document certified, which is in addition to the cost per page.)

THE VILLAGE OF OAK BROOK HAS (5) WORKING DAYS TO RESPOND TO YOUR REQUEST.
 If additional time is needed, you will be notified of the Village's intent to respond within five working days after receipt of the request as permitted under the Act.

IS THIS REQUEST BEING MADE FOR COMMERCIAL PURPOSES?*

Yes - **If yes, the Village has 21 days to respond to your request** No

**NOTE: It is a violation of the Freedom of Information Act (5 ILCS 140/3.1) for a person to knowingly obtain a public record for a Commercial purpose without disclosing that it is for a commercial purpose.

| | | | | |
|---|---|-----------------------------|---|---|
| <p>8 1/2" x 11" 8 1/2" x 14" First 50 pages free Black & White \$0.10/page Color copies \$0.15/page</p> | <p>11" x 17" Black & White \$0.15/page Color \$0.25/page</p> | <p>CD/DVD's \$0.50/disc</p> | <p>24" x 36" Black & White \$1.00/sheet Color \$5.00/sheet</p> | <p>Charges for Village records in book or pamphlet form shall be assessed based on the costs shown. Should any material require duplication by an outside source, the charges will be based upon the cost of said reproduction.</p> |
|---|---|-----------------------------|---|---|

**VILLAGE OF OAK BROOK
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

**Village of Oak Brook
Records Management Clerk
1200 Oak Brook Road
Oak Brook, IL 60523
Phone (630) 368-5058
Fax (630) 368-5042**

Patient Name _____
Address _____
Phone _____ Birth date _____
Type of Report _____
Date of Incident _____

This is to authorize the Village of Oak Brook to release a copy of the above-referenced report.

TO: Person/Institution **RECORDS DEPOSITION SERVICE, INC.** P: 312-553-8900 F: 312-553-8901

Address **120 W. MADISON STREET, STE. 300**

City **CHICAGO** State **IL** Zip Code **60602**

Purpose of request: Review only _____ Obtain copies **X**

Other: **FOR DISCOVERY BEFORE TRIAL**

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies, which you may have upon request.

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically 90 days after signing.

Date _____ Signed _____
PATIENT
Signed _____
PARENT/LEGAL GUARDIAN (circle one)
Signed _____
ESTATE EXECUTOR (if patient deceased)
Signed _____
WITNESS (signature attesting to identity of above)

CERTIFICATION OF INTERPRETATION

I certify that I have read the foregoing to the signer hereof in the _____ language.

Signed _____
INTERPRETER