



Freedom of Information Request

INSTRUCTIONS

To request records, fill out this form and submit to the Illinois Department of Public Health's Freedom of Information Officer using one of the three methods described below. Send no money at this time. Do not use this form to request vital records (birth, death or marriage records).

If the request is for individually identifiable health information, an authorization or release permitting the disclosure of this information signed by the person or the person's representative or a court order permitting such release shall be submitted with the request. Failure to submit any documentation authorizing the disclosure will result in a denial of the records or the redaction of all information that may lead to the identity of a person or the person's medical condition.

The Freedom of Information Act [5 ILCS 140] requires a written response to non-commercial requests within 5 business days after the receipt of the request. Commercial requests require a response within 21 business days. The Department's response may include a request for an extension of another 5 business days or to a date agreed upon by the requestor and the Department.

Requestor Name (Please Print or Type): _____

Organization or Business Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-mail: _____

Check here if the records requested are to be used for commercial purposes ☐ Date of Request: _____

DESCRIPTION OF RECORDS REQUESTED

(Note that FOIA is not intended as the means to ask for responses to questions.)

☐ Requesting Copies ☐ To Inspect Records

Mail to: Illinois Department of Public Health
Freedom of Information Officer
535 W. Jefferson St.
Springfield, IL 62761

OR

E-mail to: DPH.FOIA@illinois.gov

Include "Freedom of Information Request" in the subject line of the e-mail.

OR

Fax to: 217-524-8165