

# Authorization Form

I authorize my clinician, \_\_\_\_\_ at 1280 Iroquois Ave, Suite 102, Naperville, IL 60563, phone: 630-305-0464, fax: 630-305-0211, to **release and/or exchange**:

\_\_\_\_\_  
(State specific nature of information to be disclosed.)

about: \_\_\_\_\_  
(Client's name) (Date of birth)

This information should only be **released to and/or exchanged with**:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

I am requesting my clinician to release and/or exchange this information for the following reasons: ("at the request of the individual" is all that is required if you are my patient and you do not desire to state a specific purpose.)

\_\_\_\_\_  
This authorization shall remain in effect until: \_\_\_\_\_ (month/day/year).  
If no calendar date is stated, information may be released only on the day the authorization form is received by the clinician.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my refusal to consent to the release of the above mentioned information will prevent the disclosure of the information. The consequences of my refusal, if any, are: \_\_\_\_\_.

I understand I have the right to inspect the disclosed mental health information at any time.

I understand that Illinois law prohibits re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such re-disclosure.

\_\_\_\_\_  
Signature of Client required if 12 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian required if less than 18 years old

\_\_\_\_\_  
Date

If signed by a guardian or authorized representative, please provide legal documentation that proves such authority under state law (i.e. Power of Attorney, Living Will, or Guardianship papers, etc.)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date