



1240 Bamberg Ct., Ste. 3A, Hanover Park, IL 60133 • 460 Briargate Dr., Ste. 700, S. Elgin, IL 60177

Authorization for Release of Information

I, _____, authorize _____
(Patient's / Legal Guardian's Name)

to exchange _____
(State the specific nature of information to be disclosed)

with _____
(State the facility/person to receive the above listed information)

This consent is valid until: _____ (i.e. enter a date, length of treatment, etc.)

I understand that I may revoke this consent at any time and that the above named person(s) authorized to exchange this information has the right to inspect and copy the information to be disclosed.

Patient's Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Relationship to patient: _____

Witness Signature: _____ Date: _____

If this release is not signed by the patient, you must indicate the legal relationship to the patient and legal basis on which consent is given.

***NOTE: Under the federal Act of July 1, 1975, the receiving person may not disclose any of the above information without specific authorization from the patient.**