

AUTHORIZATION TO RELEASE INFORMATION

I _____ authorize Alma Counseling Center to mutually exchange information, verbally and/or in writing with _____ for the purpose of _____. The extent and nature of information to be released will include and be limited to the following _____.

I understand that I, as the client, have the right to inspect and copy the information being disclosed and the right to revoke this consent by written statement at any time. Otherwise, it will automatically expire on this date _____ or one year from the date of authorization.

Refusal to sign this form will prevent disclosure of information.

Notice to receiving agency, facility or person.

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such re-disclosure.

Under the Federal Act of July 1 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records nor information from such records, may be further disclosed without specific authorization for such disclosures.