



Release of Information

900 Pyott Road, Suite 102

Crystal Lake, IL 60014

815.444.9076

815.444.9079 (fax)

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

I hereby authorize _____
(person/facility) (address) (phone)

To release and exchange with _____ at
The Art of Living Counseling Center 900 Pyott Road, Suite 102 Crystal Lake, IL 60014
815.444.9076

The following information from my records: (please initial all lines that apply)

- | | |
|--|---|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Medical/Physical History |
| <input type="checkbox"/> Chemical Dependency Eval. | <input type="checkbox"/> Lab Reports |
| <input type="checkbox"/> Social Assessment | <input type="checkbox"/> Educational Reports |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Neuropsychiatric Evaluation | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Vocational Assessment | <input type="checkbox"/> Other _____ |

while I was a client/patient from _____ to _____

The purpose of this disclosure is to facilitate continuity of care and treatment planning and/or the following _____

This authorization expires on __/__/__ and is limited to only the information that I specifically requested to be sent to the facility or person named herein. The information released is not to be further disclosed or used for any other purpose than that stated in this authorization. It is understood that I have the right to revoke, in writing, and at any time, the consent contained herein. Any such revocation shall have no effect on disclosures made prior thereto. I understand that my refusal to consent to the release of information specified above will prevent disclosure of such information to the facility or person named herein.

Date: __/__/__ _____
(Client)

Date: __/__/__ _____
(Parent/Guardian)

Date: __/__/__ _____
(Witness)

Signatures require: Adult client (18 and over) and witness; Parent of Guardian and child plus witness if child is age 12-17; Parent and witness if child is under the age of 12 or client is adjudicated incompetent.