

AUTHORIZATION FOR RELEASE and/or EXCHANGE OF INFORMATION

Date: \_\_\_\_\_

I, \_\_\_\_\_  
Last Name First MI

Given/ Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

hereby authorize and request: Name Kristen Wright, Psy. D. \_\_\_\_\_  
Business/Organization River Rock Psychotherapy & Consulting, Inc. \_\_\_\_\_  
Address 4753 N. Broadway, Suite 608 \_\_\_\_\_  
City Chicago \_\_\_\_\_ State IL \_\_\_\_\_ Zip 60640 \_\_\_\_\_  
Phone (773) 633-0866 \_\_\_\_\_

to (Circle Intention) release and/or exchange information to:  
Name \_\_\_\_\_  
Business/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

This information will be used for the purpose of: \_\_\_\_\_  
\_\_\_\_\_

and is confined to the following specified and initialed information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS AUTHORIZATION IS VALID UNTIL: \_\_\_\_\_  
(must have date within next 12 months)

I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith, by writing to the above specified parties.

I understand that information released by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

It has been explained to me that if I decline to consent to this release of information, the following are the consequences:  
Specify (if any): \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing with date Signature of Witness with date

\_\_\_\_\_  
State relationship to client

NOTE: Authorization must be filled out in its entirety in order to be valid.

NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, III. Rev. Stat. Ch. 91 ½ PAR. 805 (d) (1979), you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure. 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 disclosure.