Reflections Psychotherapy, P.C.

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Authorization for Release 0f Mental Health and other Personal Health Information

I, _____, hereby authorize _____
(Client/Parent/Guardian) (Therapist/Facility)
to exchange/release any and all records or information regarding_____
(Name of Person)
The following items must be **INITIALED** to be included in the use and/or disclosure of other health information:
____Mental Health Information ____Medical records and Information ____Psychotherapy Notes

to _____
(Receiving Agency/Person) (Address)

For the purpose of: (please check all that apply)

_____ Continuing (health and mental health) treatment or care and continuity of care

_____ Billing, payment and financial matters and arrangements

_____ Therapist transition

_____ Consultation, advise and representation regarding my condition and needs

_____ Other _____

This consent is valid until **(Calendar date**)_____

I understand that I have the right to inspect and copy the information to be disclosed and may revoke this authorization at any time. Any such revocation will not affect materials disclosed prior to the revocation. The above-named person authorized to receive this information may only use the information only for the purposes outlined above and may not redisclose it without my written authorization.

I also understand that if I refuse to consent to this release of information the following may occur
_____

_____ _____ _____
(Signature of adult client or parent) (Minor recipient, 12-17 yrs. Inclusive) (Date)

_____
(Witneess)

NOTICE TO CLIENT AND RECEIVING AGENCY

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, HIPPA, and applicable Federal and State Alcohol and Substance Abuse Confidentiality Acts, there may not be redisclosure of any of the Information provided pursuant to this release unless the cleint, and/or parent of the client who is a minor, specifically authorizes such disclosure. A separate release is required for psychotherapy notes.

_____

REVOCATION OF AUTHORIZATION

The undersigned hereby revokes the above authorization for disclosure.

_____ _____ _____
(Client, parent, guardian) (Witness) (Date)