



Authorization for Release of Information

Patient Name: _____ Date of Birth: _____

I give authorization and permission to release medical/psychological information to:

Name: _____

Main Address: Nicholas & Noble Psychological Associates
300 E. Roosevelt Rd, Suite 105
Wheaton, IL 60187

To: Release to _____ Obtain from _____ Exchange with _____

Name/Title: _____

Address/Phone Number: _____

Purpose of Release:

Information to be released/obtained:

<input type="checkbox"/> Intake and psychological history	<input type="checkbox"/> Psychiatric consult/evaluation materials
<input type="checkbox"/> Treatment summary including diagnosis	<input type="checkbox"/> Psychological testing/evaluation materials
<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Other _____

Restrictions: _____

This consent for release of information expires within one year, unless otherwise indicated, and may be revoked in writing at any time. Any release of information made between the time authorized and the time revoked shall not constitute a breach of confidentiality. Date this release expires: _____

Reproduction of this authorization is as authentic as the original signed authorization.

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release.

Patient signature: _____ Date: _____

Parent/Guardian (if under 18 yrs old): _____

Witness signature: _____ Date: _____

To recipient of release: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally prosecute any alcohol or drug abuse patient.