



**Authorization for Release of Information from Inner Life Psychological Services, LLC**

I hereby give permission to Inner Life Psychological Services to release \_\_\_\_\_ (initial) and/or obtain \_\_\_\_\_ (initial) the following information regarding

\_\_\_\_\_, DOB \_\_\_\_\_,

to/from \_\_\_\_\_.

Disclosure of/Request for the following specific information may be made:

- |   |   |
|---|---|
| _____ Entire treatment record   | _____ Treatment notes and initial assessments   |
| _____ Psychological testing report  | _____ Treatment plan, progress, recommendations |
| _____ Psychiatric records   | _____ Medical records                           |
| _____ School records (IEP summaries, evaluations & reports; records of academic & behavioral functioning) |   |
| _____ Other (specify): _____  |   |

The disclosure/request is for the purpose of:

- |  |                            |
|--|----------------------------|
| _____ Treatment planning                 | _____ Coordination of care |
| _____ Utilization review/case management | _____ Response to request  |
| _____ Other (specify): _____             |                            |

Right to revoke: I understand that this consent can be revoked at any time by submitting a written and dated notice of revocation. I also understand that Inner Life Psychological Services, LLC any of its employees cannot be held liable for any disclosures authorized by this release that occurred prior to the date of revocation.

I understand that unless revoked by written notice, this authorization for release of information is valid and binding for one year from the date signed.

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Signature of others (those 12 or over who attended sessions): \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notice regarding redisclosure: The Illinois Mental Health and Developmental Disabilities Confidentiality Act, stipulates that communications and records may be redisclosed only if the person(s) who authorized this disclosure specifically authorize such redisclosure.

Notice of responsibility: Inner Life Psychological Services, LLC is not responsible or liable for others' use of disclosed/released information