

PATHWAYS PSYCHOLOGY SERVICES, P.C.

28W671 Garys Mill Road, Winfield, IL 60190

Phone: (630) 293-9860; Fax: (630) 293-9861

WRITTEN CONSENT & AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____

___ I authorize release of mental health information **from** Pathways Psychology Services to:

Individual/Organization: _____

Address: _____

Phone/Fax: _____

___ I authorize _____ **to** release requested information to Pathways Psychology Services.

REQUESTED MEDICAL INFORMATION:

___ Histories and Physicals

___ Psychological Testing Raw Data

___ Reports of Psychological Testing

___ Office Notes

___ Complete Records

___ Billing Records

___ Oral Communication of Treatment and History

___ Other: _____

I understand that I may revoke this consent in writing at any time, and that I have the right to inspect and copy the information to be disclosed. This consent is valid until **one year of signed date**, unless expiration is specified as: _____.

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences
___ Cannot collaborate on case.

___ Other: _____

I hereby release Pathways Psychology Services, P.C. from any and all legal liability that may arise from the release of the information requested.

Patient (12-years-old and above required) Signature: _____

Printed Name: _____ Date: _____

Parent/Personal Representative Printed Name _____ Date _____

Parent/Personal Representative Signature: _____ Date _____

Relationship to Patient: _____ Date: _____

Witness Signature: _____

NOTICE TO RECEIVING AGENCY/ PERSON: Under the provisions of the Illinois Mental Health and Development Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such a re-disclosure. 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 of such re-disclosure.