

### AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ hereby authorize the release of the following protected health information:

- ( ) Psychological treatment records
- ( ) Medical treatment records
- ( ) Test/evaluation results, data, or reports
- ( ) Hospital records
- ( ) School records
- ( ) Other: \_\_\_\_\_

**To / From**

Braden Counseling Center  
 1815 Mediterranean Dr.  
 Sycamore, IL 60178  
 Phone: 815/787-9000  
 Fax: 815/787-9015

**To / From**

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City/State/Zip  
 \_\_\_\_\_  
 Phone Fax

For the purpose of continuity of care. Relationship \_\_\_\_\_

The information may be provided in written, verbal or electronic format (including e-mail and facsimile). This authorization will expire two years from date of signature. The individual may inspect or copy the health information disclosed. **Expires** \_\_\_\_\_.

I understand and agree that I have the right to refuse to sign this authorization. I do not have to sign this authorization in order to continue to receive services (except for research-related treatment and certain Court-ordered or employment related evaluations). When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law. I have the right to revoke this authorization except to the extent that PHI has already been disclosed in the reliance on this authorization. My revocation must be submitted IN WRITING to the Privacy Officer.

My signature, below, means that I understand and agree with the above statement.

_____ Client Signature	_____ Date	_____ Witness Signature	_____ Date
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Relationship to individual about whom information is being disclosed:

- ( ) Self ( ) Parent ( ) Legal Representative

I REQUEST THAT THIS AUTHORIZATION TO DISCLOSE INFORMATION BE REVOKED

_____ Client Signature	_____ Date	_____ Witness Signature	_____ Date
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**1815 Mediterranean Dr. Sycamore, IL 60178**  
**815-787-9000 (P) 800-428-7260 (P) 815-787-9015 (F)**  
 168 Bartlett Plaza Bartlett, IL 60103                      25 S Grove Avenue, Suite 201 Elgin, IL 60120  
 1105 Ritter St, Suite A & D, North Aurora, IL 60542                      951 S 7<sup>th</sup> Street, Suite G Rochelle, IL 61068  
 300 W. Washington St., Suite 203, Oregon, IL 61061