

### CONSENT FOR RELEASE OF INFORMATION

1. I, \_\_\_\_\_, hereby give consent to:

2. \_\_\_\_\_  
(Provider of Information) (Address)

3. to release information concerning \_\_\_\_\_ B.D. \_\_\_\_\_

4. to: RECORDS DEPOSITION SERVICE, INC. 120 W. MADISON ST., SUITE 300, CHICAGO, IL 60602  
(Address)

#### TYPE OF INFORMATION (CIRCLE)

5. Medical (specify): \_\_\_\_\_

6. Mental Health (specify): \_\_\_\_\_

7. Education: \_\_\_\_\_

8. Social History/Assessment (specify): \_\_\_\_\_

9. Financial (specify): \_\_\_\_\_

10. Other (specify): PLEASE SEE THE ATTACHED SUBPOENA OR LETTER REQUEST FOR INFORMATION TO BE DISCLOSED

11. THE PURPOSE FOR REQUESTING THIS INFORMATION IS: FOR DISCOVERY BEFORE TRIAL

12. **Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether or not the consent is signed by the client or his/her personal representative. HOWEVER, I UNDERSTAND THAT IF I REFUSE TO CONSENT, THE FOLLOWING MAY HAPPEN:** \_\_\_\_\_

I understand that I have the right to inspect and copy the information disclosed, except for certain adoption records, certain information regarding the identity of a source of information or the location of the child, or under certain circumstances where information was received from a minor under a promise of confidentiality.

I understand that I may revoke this consent at any time by notifying the Provider of Information listed in Line 2 above in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent. I also understand that, even if I do not revoke this consent, the consent will expire one year from the date provided on line 15 or line 16 below.

13. \_\_\_\_\_  
Signature of Minor 12 to 17 years of age Date

14. Further, I, \_\_\_\_\_, the parent, or the legal guardian or custodian, appointed pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, am authorized to act on behalf of the individual minor, \_\_\_\_\_, and I hereby consent to this limited disclosure under the terms stated above. The legal guardian or custodian or parent is the legal representative of the unemancipated minor, pursuant to HIPAA, 45 CFR 164.502(g), unless otherwise required by law.

15. \_\_\_\_\_  
Signature of Parent, Guardian, or Authorized Agent Date  
Address \_\_\_\_\_

16. \_\_\_\_\_  
Signature of Adult Consenting to Release of Own Records Date  
Address \_\_\_\_\_

17. \_\_\_\_\_  
Signature of Witness Relationship Date

REDISCLOSURE CONSENT: The information to be disclosed is confidential and is provided only to the party specified in the above consent. The receiving party cannot redisclose the information, with the exception of reports and other information that is required to be released to the court and certain parties to juvenile court proceedings as authorized by the Juvenile Court Act, 705 ILCS 405.: I (we) hereby consent to redisclose to:

(if none other, enter "none other").

\_\_\_\_\_  
Signature of Consenting Party Date

\_\_\_\_\_  
Signature of Minor 12 to 17 years of age Date

See reverse side of form for instructions