

PSYCHOLOGY SPECIALISTS



Authorization for Release of Information

Authorization is given to *Psychology Specialists* to release to and exchange information on:

Patient Name

Patient Date of Birth

Authorized Recipient:

RECORDS DEPOSITION SERVICE, INC.

312-553-8900

Name of Authorized Party

Phone

120 W. MADISON ST., SUITE 300, CHICAGO, IL 60602

312-553-8901

City, State, ZIP

Fax

For the purpose of continuity of care/exchange of information, I authorize the release of any and all medical records regarding my treatment including:

- | | | |
|--|---|---|
| <input type="checkbox"/> All Information Regarding Treatment | <input type="checkbox"/> Intake Records | <input type="checkbox"/> Medical record |
| <input type="checkbox"/> Summary of Care | <input type="checkbox"/> Social History | <input type="checkbox"/> Face Sheet |
| <input type="checkbox"/> Psychological Evaluation Report | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> NeuroPsych & Psychological Testing | <input type="checkbox"/> Treatment Plan | <input checked="" type="checkbox"/> Other _____ |

PLEASE SEE ATTACHED SUBPOENA
OR LETTER REQUEST FOR
INFORMATION TO BE DISCLOSED

I understand that I have the right to read and/or copy the information to be disclosed for the required fee of \$25. I also understand that I have the right to revoke this consent by written statement at any time; otherwise it will automatically expire one year from the date of authorization. Information released prior to any revocation is not affected. I understand that the consequences of refusing to sign this form are that information will not be released.

Signature of Patient (age 12 or older)

Date

Signature of Insured or Guarantor and Relationship to Patient (if patient is under 12)

Date

Signature of Witness

Date

NOTICE TO RECEIVING AGENCY/PERSON: Under the provision 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 re-disclosure.