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This form, when completed and signed by you, authorizes Modify, P.C. and your therapist to release and obtain protected information to/from person(s) or agency or agencies you designate.

I authorize my psychologist/psychotherapist, _____ and her/his administrative staff to release and/or obtain the following:

___ Verbal Exchange ___ Clinical Chart (excludes psychotherapy note) ___ Billing Records ___ Other (explain)

About Myself _____ or _____ (child)

This information should only be released to or received from (names and addresses):

- 1. _____
2. _____
3. _____
4. _____

I am requesting my psychologist/psychotherapist to release and to obtain this information for the following reasons:

___ At the request of the client/parent/guardian ___ For treatment planning and implementation
___ For consistency of treatment ___ Payment purposes

This authorization will remain in effect until _____.

I understand that I have the right to revoke this information, in writing, at any time by sending written notification to Modify, P.C. and my therapist. However, revocation will not be effective to the extent that Modify, P.C. or my therapist has already released information based on this authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand I have the right to inspect the disclosed mental health information.

I understand that Illinois law prohibits re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such a re-disclosure. I further understand that if information is released to a party in another state, re-disclosure of information may be allowable according to their state law. I also understand that once Modify P.C. releases information, it has no responsibility or control over how that information is stored or utilized.

Signature of Client (12years and older) Date
Signature of Parent/Guardian * (for children up to 18 years of age) Date
Signature of Parent/Guardian * (for children up to 18 years of age) Date
Witness Date