

AMY RIEHLE, LCSW

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Authorization for Release/Exchange of Mental Health and Other Personal Health Information

I, _____, hereby authorize Amy Riehle, LCSW to exchange and/or release specified information to:

_____ (Name of Institution; Agency; Individual)

regarding:

_____ (Name of Patient) _____ (DOB)

The following information must be checked and initialed to be included in the use/and or disclosure of other health information.

Mental Health Information Medical Records and Information Psychotherapy Notes
 Progress Summary Discharge Summary

For the Purpose of: (please check all that apply)

Continuing treatment of care and continuity of care Billing and Financial Matters
 Therapist Transition Housing and/Other Services
 Consultation regarding my care and needs Other _____

This consent is valid until _____.

I understand that if I refuse to consent to this Release of Information that the following may occur:

_____.

_____ (Signature of Adult Patient; Minor over the age of 12) **Date** _____

_____ (Signature of Guardian, If Applicable) **Date** _____

_____ (Witness) **Date** _____

I understand that I have the right to inspect and copy the information to be disclosed and may revoke this authorization at any time. Any such revocation will not affect materials disclosed prior to the revocation. The above named person authorized to receive this information may use the information only for the purposes outlined above and may not be re-disclose it without my written authorization.

REVOCATION OF AUTHORIZATION

The Undersigned hereby revokes the above authorization for disclosure.

_____ Date: _____

_____ (Witness) Date: _____

If a minor is authorized to consent to health care without parental consent under state law, only the minor shall sign this authorization form. In Illinois, a competent minor over the age of 12, can consent to outpatient mental health care, alcohol or drug treatment among other reproductive health care services and therefore the minor's signature is required for the release of mental health records, if ages 12 or above.