



CONSENT FOR RELEASE OF INFORMATION

Client Name

Date of Birth

Email

Phone Number

The undersigned authorizes The Family Institute (TFI) to

release to _____ obtain from _____

Name of Person To Share Information With

Relationship (e.g., doctor, teacher)

Address

City

State

Zip

Email

Phone Number

The following records and information concerning client, for the period of _____ to _____
(please make this one year from the current date unless consent can be withdrawn at any time)

Records and/or verbal information for release (Please confirm with initials as applicable):

Clinician Summary, Client Initials:

Drug and alcohol use

Treatment notes or if available, a Clinician Summary

(client must sign this separately)

Report of progress, Client Initials:

TFI Clinician to TFI clinician consult

Neuropsychological Testing, Client Initials:

Clinician A

The information shall be used for the following purposes

Clinician B

Ongoing Care

Other (Legal/Insurance/etc.)

Treatment Planning

Please specify and confirm with your initials:

This consent expires one year from the date of this document's signing, or if you wish to specify another date:

I understand that I may revoke this consent in writing at any time but that such revocation is effective only with respect to any future requests for disclosure and does not retroactively apply to any disclosure made on this release prior to the date revocation was received. I also understand that any written revocation must be accompanied by the signature of a witness.

Signature of Client

(required if client is **12 years of age or older**)

Date

Signature of Parent or Guardian

(required if client is **under 18 years** of age or has been adjudicated incompetent)

Date

Signature of Another Parent

(required if parents are separated or divorced)

Date

Signature of Witness

Date

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, no person or agency to whom any of this information is disclosed may re-disclose such information unless the person who consented to this disclosure specifically consents to such re-disclosures. Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such re-disclosure.