

kp counseling

6392 Linden Road
Rockford, IL 61109
P: 779.368.0060
F: 779.368.0579

695 N. Perryville Rd. Ste 4
Rockford, IL 61107
P: 779.368.0060
F: 815.977.4892

2101 E. State St.
Rockford, IL 61104
P: 779.368.0060
F: 815.977.4892

12151 Regency Pkwy Ste 12169
Huntley, IL 60142
P: 779.368.0060
F: 224.858.4735

Request/Authorization to Release Confidential Records and Information

Client Name: _____

D.O.B.: _____ SSN: _____

I hereby authorize kp counseling at the address and phone number shown above

To release to and/or Get information from:

Person or Facility: _____

Address: _____ Phone: _____
_____ Fax: _____

This information to come from medical/therapy records for the purposes of further mental health evaluation, treatment, or care.

Treatment dates: _____

The information to be disclosed or requested is marked by an X in the boxes below.

- | | |
|--|--|
| <input type="checkbox"/> Mental Health Diagnostic Assessment | <input type="checkbox"/> Medical History and Evaluations |
| <input type="checkbox"/> Mental Health Case Notes | <input type="checkbox"/> Intake and Discharge Summaries |
| <input type="checkbox"/> Psychiatric Diagnostic Evaluation | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Psychiatric Progress Notes | <input type="checkbox"/> Schedule Appointments |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Registration Paperwork | <input type="checkbox"/> Other: _____ |

Please forward the records to the address in the letterhead at the top of this form.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will expire automatically 12 months from the date on which it is signed, or upon fulfillment of the purposes stated above.

Signature of client Printed name Date

Signature of parent/guardian (if applicable) Printed name/Relationship Date

Signature of witness Printed name Date

Copy for client or parent/guardian Copy for source of records Copy for recipient