Progressive Psychological Healthcare
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Buffalo Grove IL, 60089
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Authorization Form

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize my psychotherapist and/or her administrative staff to release/obtain:

_____

This information should only be released to: _____

Obtained from: _____

I am requesting my psychotherapist to release/obtain this information for the following reasons:
*(**"at the request of individual"** is all that is required if you are a patient of one of PPH providers and you do not desire to state a specific purpose.)*

_____ at the request of the individual

This authorization shall remain in effect until:
*(**fill in expiration date**) (if no calendar date is stated, information may be released only on the day the authorization form is signed and received by psychotherapist).*

_____ (Date)

_____ You have the right to revoke this authorization, in writing, at any time by sending such written notification to my PPH office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the 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 that my psychotherapist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

_____ I understand I have the right to inspect the disclosed mental health information at any time.

_____ I understand that Illinois Law prohibits redisclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such redisclosure.

_____ _____ _____
Signature of Patient Legal Guardian Date

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.