

Steven A. Meyers, PhD, LLC
47 W. Polk St., Suite 305
Chicago, IL 60605
Phone and Fax (312) 878-7005

REQUEST/AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

I hereby authorize:

Person or facility: _____

Address: _____

_____ Phone: _____

Fax: _____ to exchange and release information from records about
_____, born on _____,

through written, oral, and electronic means for the following purpose(s):

- Further mental health evaluation, treatment, or care School/educational purposes
 Continuity of care Other: _____

These records concern the time between _____ and _____.

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

- Intake and discharge summaries Medical history, evaluations, and reports
 Mental health evaluations and testing records Progress notes and treatment summary
 Educational records Observations of school personnel
 Other: _____

Select one or both:

- The person/site written above may forward information/records to Dr. Meyers at the address listed in the letterhead at the top of this form.
 Dr. Meyers may forward information/records to the person/address written above.

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release HIV-related information Do not release drug and alcohol information.

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 likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may revoke this consent at any time in writing, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 1 year from the date on which it is signed, or upon fulfillment of the purposes stated above.

Signature of client Date Signature of parent (if needed) Date

Witness signature Date Signature of second party (if needed) Date