Agor Behavioral Health Services, Inc.
24402 W Lockport Street, Suite 215 ♦ Plainfield, Illinois 60544

630-621-5824

Authorization for Release of Confidential Health Information

I, _____, hereby authorize Agor Behavioral Health Services, Inc.
(Name of Client or Authorized Agent)
to release to/or secure from

_____
(Name of Health Care Facility, Physician, Agency etc.)

_____
(Street Address, City, State and Zip Code)

the following information contained in the client record of

_____ Born: ___/____/___
(Client's Name) (Birth date)

To be disclosed, the following items must specifically be checked:

O Account Information
O Office Psychotherapy Notes
O Psychological Testing Report
O Treatment Summary
O Verbal Discussion of Case
O Other (specify): _____

The purpose(s) of the authorization is (are):

O At the request of the individual
O Payment of Account
O Coordination of Mental Health Treatment
O Other (specify): _____

I understand that the practice may not condition treatment on whether I sign this authorization.
I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law.
I understand that I may be responsible for the cost of medical record copying service.
I understand that this authorization is valid until it expires, unless revoked before that.
I understand that I may revoke this authorization at any time by giving written notice to the practice of my desire to do so. I also understand that I will not be able to revoke this authorization in cases where the therapist has already relied on it to use or disclose my health information. Written revocation must be sent to the practice. Absent such written revocation, this Authorization for Release of Confidential Health Information will terminate on _____.
(Date)

Date: ____/____/____ _____
Signature of Client**

_____ _____
Signature of Witness Signature of Parent or Guardian

****Client signature is required in addition to the parent or guardian signature for clients ages 12-17.**