| Nathaniel Hope, LCSW, PLLC | AUTHORIZATION FOR THE RELEASE OF INFORMATION | |
|---|---|---|

I, _____, hereby give consent to

_____**Nathaniel Hope LCSW, PLLC**_____2400 Ravine Way, Suite 200 Glenview, IL 60025_____
(individual/institution) (address)

to **release** **obtain** **release & obtain** information concerning _____
(circle one) (name & date of birth)

**to** **from** **to & from** _____
(circle one) (individual/institution) (address)

**INFORMATION AUTHORIZED FOR RELEASE** (please check one or more)

| | | | |
|---|---|---|---|
| | Discharge Summary/Master Treatment Plan _____ | | Psychiatric Evaluation _____ |
| | Psychotherapy/Session Notes _____ | | Laboratory Data _____ |
| | Medication Records _____ | | Education Records _____ |
| | Treatment Summary _____ | | Mental Status Exam _____ |
| | History and Physical Exam _____ | | Psychological Evaluation _____ |
| | Physician Progress Notes _____ | | Aftercare Plan _____ |
| 1. | Verbal Communications Only _____ | | Financial/Insurance _____ |

**PURPOSE OF DISCLOSURE**

Casework Planning Provision of Social Services Other (please specify) _____

**It is understood that the person authorizing release of this information has the right to inspect and copy the information to be disclosed and that this information will not be disclosed without proper authorization. The consequences, if any, of not signing this release are:** _____
(consequences)

This consent is valid until_____, and may be revoked in writing at any time except to the extent that action has already been taken:
calendar date

_____
(Signature of Youth if at least 12 years old) (date)

_____
(Signature of Parent/Guardian if Youth is under age 18) (date)

_____
(Relationship to Youth)

_____
(Address) (City, State, Zip)

_____
(Signature of Witness) (date)

NOTICE TO RECEIVING AGENCY/PERSON: Under the provision of Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure. 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 redisclosure.