

Jeri Srur, LCSW, ACHT, NBCCH  
239 Golf Mill Center, Suite 602, Niles, IL 60714  
Telephone: 847-722-9927  
Fax: 224-361-3308  
[www.jerishearhelp.com](http://www.jerishearhelp.com)

### Authorization of Release of Information

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

to release \_\_\_\_\_  
(Specific Nature of Information to be Disclosed)

about \_\_\_\_\_  
(Name of Client)

To \_\_\_\_\_  
(Receiving Agency/Person)

\_\_\_\_\_  
(Address)

For the Purpose of:

- Continuing (behavioral health/mental health/alcohol and/or drug abuse) treatment/care and continuity of care
- Therapist transition
- Billing and payment related matters
- Other \_\_\_\_\_

This consent is valid until \_\_\_\_\_, 20\_\_ Other \_\_\_\_\_  
(other is only to be used for releases of information related to alcohol and drug abuse). I understand I may revoke this consent at any time and the above-named person authorized to receive this information has the right to inspect and copy the information to be disclosed and to use the information for the purposes outlined above.

I also understand if I refuse to consent to this release of information, the following may occur \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice to Client and Receiving Agency** – Under the provisions of the Mental Health and Developmental Disabilities Confidentiality Act and Applicable Federal and State Alcohol and Substance Abuse Confidentiality acts, there may not be redisclosure of any of the information provided pursuant to this release unless the patient and/or parent of the patient specifically authorizes such disclosures.