



AMMIRATI COUNSELING

Empowering Your Relationships

2213 Lakeside Drive
Bannockburn, IL 60015

1401 Branding Lane, Suite 241
Downers Grove, IL 60515

Release of Information

Client Information

Name: _____ Date of Birth: _____

Home Address and Zip: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

I authorize Ammirati Counseling and its associates to release information to and from:

Name: _____ Company: _____

Address and Zip: _____

Phone: _____ Fax: _____ Other: _____

Regarding any and all of the following information concerning my care.

This authorization expires on: _____ / _____ / _____

- _____ In person (verbally)
- _____ By phone (verbally)
- _____ By written report — faxed, emailed, or mailed

Check all that apply:

- _____ Any and all clinical information
- _____ Intake/assessment
- _____ Dates of treatment
- _____ Progress notes
- _____ Discharge summary
- _____ Client status and progress report
- _____ Other: _____

For the purpose of:

- _____ Continuity of care
- _____ Disability determination
- _____ Evidence of care
- _____ Aftercare services
- _____ Reimbursement for treatment
- _____ Other: _____

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences:

- Records in question will not be disclosed
- My insurance company will not be billed, and I will forego using insurance
- Other: _____

I understand that I may revoke this consent at any time by giving written notice, except to the extent that Ammirati Counseling has already taken action in reliance on it.

Client's signature (age 12 and older)

Date

Parent/guardian of minor OR legally disabled recipient

Date

Witness signature

Date