



Authorization to Share Protected Clinical Health Information

I authorize **the Willow Wellness Center** (1400 Renaissance Dr, #401, Park Ridge, IL, 60068. (847) 318-8200. Fax: (847) 318-9170) to share clinical information with:

about (name/date of birth): _____.

The information requested is being released and given for the purpose of (check as applicable):

☐ **continuity of care**—psychological; psychiatric; medical information

☐ **family/relationship contact**

☐ **other:** _____

This consent is valid throughout treatment unless end date specified here: _____.

The statutes that govern this authorization include but are not limited to: Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110), 735 ILCS 5/8/2001 (inspection and copying of hospital records), any relevant confidentiality code of any state, and the Employee Personnel Records Act, 820 ILCS 40/0.01. I understand that I have the right to copy and inspect the information being disclosed. I have the right to revoke this authorization, in writing, at any time by sending such written notification to my provider's office. However, my revocation will not be effective to the extent that my provider has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

X _____ **Date** _____
(client)

X _____ **Date** _____
(Power of Attorney/Guardian, if applicable)

If the signature is not the client's, indicate the legal relationship to the client and the legal basis on which consent is given for the client: _____

X _____ **Date** _____
(witness)

Notice to receiving person/agency: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/1 *et. seq.*), you may not redisclose any of this information unless the person who consented to the disclosure specifically permits redisclosure.