



INTOUCH & MOTION

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Authorization for Release of Information

I, _____, whose date of birth is _____, authorize InTouch & Motion to send and/or receive from _____ the following information:

Description of Information to be Disclosed (Client should initial each item to be disclosed.)

- Assessment, Diagnosis, Treatment Plan or Summary, Current Treatment Update, Testing Information, Progress in Treatment, Presence/Participation in Treatment, Other

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify: _____

Revocation & Expiration

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to my psychotherapist at the address provided above. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization. Unless sooner revoked, this authorization expires upon completion of treatment, or as otherwise indicated: _____

Conditions

I further understand that _____ will not condition my treatment on whether I give authorization for the requested disclosure. However, it has been explained to me that failure to sign this authorization may have the following consequences: _____

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Re-disclosure

Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of treatment information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2.

Signature of Client Date
Signature of Parent, Guardian or Personal Representative Date
Signature of Psychotherapist/Staff Witness Date