



# Naper Clinical Behavioral Services

800 East Diehl Road ♦ Suite 100 ♦ Naperville, Illinois 60563

Office (630)577-1577 Fax (630)577-1555

## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize and request  
Naper Clinical Behavioral Services, Inc. or its agents, to:

Obtain written medical records from  Release medical records to   
Exchange verbal information with

Name/Relationship	Address	Phone

Please initial information to be released/obtained or exchanged:

_____ Psychiatric evaluation	_____ Medication Information
_____ Progress notes or treatment progress	_____ Laboratory Report
_____ Discharge summary	_____ Other _____
_____ Substance use information	_____ Complete clinical record

Reason information is requested: Continuity of care  Social support assessment   
Other \_\_\_\_\_  Complete diagnostic assessment

Refusal to consent to this release of information will result in: lack of continuity of care

Lack of thorough assessment , other \_\_\_\_\_

This information may be transmitted by phone, fax or mail. This release expires on \_\_\_\_\_

\_\_\_\_\_  
Signature of client 12 years and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if under 12

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### Notice to Client

You have the right to inspect and copy the information to be disclosed; your records are protected under the Federal Confidentiality Regulations and cannot be disclosed without your written consent unless otherwise provided for in the regulations. You may revoke this authorization at anytime, except to the extent that action has already been taken.

### Notice to Recipient of Information

This information has been disclosed to you from protected healthcare information, the confidentiality of which is protected by federal law. This prohibits you from making any further disclosure of this information unless you have written consent of the person to whom it pertains.

ROI 12-11-05