



Kathy A. Miller, LCPC

Authorization for Release of Personal Health Information

This form, when completed and signed by you, authorizes Mindfulness Matters P.C. to receive protected information from your clinical record from the person(s) and entities you designate below.

I authorize:

Organization: _____

Name: _____

Address: _____

Phone: _____

FAX: _____

To release to: Kathy A. Miller, LCPC, Mindfulness Matters P.C., 5225 Old Orchard Rd., Ste 5, Skokie, IL 60077, 224-659-2654

Please initial for the following specific information to be released:

| | | |
|---------------------------------------|------------------------------|---|
| Medical History/Hospitalizations | Social History | Summary of Psychiatric Treatment |
| Treatment Plan | Summary of Medical Treatment | Drug/Alcohol Information |
| Psychiatric Evaluation Results/Report | HIV/AIDS Related Information | Psychological Evaluation Results/Report |
| Mental Disorder/Diagnosis | Dates of Treatment | Nature & Outcome of Treatment |
| Criminal Offense | Progress in Treatment | Prognosis |

Other: _____

Regarding: _____

DOB: _____

Home Address: _____

Purpose: _____

In signing this form, I understand that:

1. I am under no obligation to sign.
2. Failure to sign will mean that the information will not be requested or released.
3. I have the right to revoke this Authorization at any time by written request; however, my revocation will not be effective to the extent that Mindfulness Matters P.C. has taken action in reliance on the Authorization.
4. I have the right to copy and inspect the information being disclosed.
5. Illinois law prohibits redisclosure of any information disclosed to the recipient pursuant to this Authorization unless the Authorization specifically authorizes such redisclosure.
6. Consequences for refusal to sign this Authorization: _____

Expiration Date: One year from date below or: _____

Recipient aged 12 and over:

Print: _____ Sign: _____ Date: _____

Witness:

Print: _____ Sign: _____ Date: _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.