



AUTHORIZATION FORM

This form, when completed and signed by you, authorizes employees of Mind Body Connections, LLC to release and obtain protected information to/from the person(s) or agency or agencies you designate. I authorize Mind Body Connections, and administrative staff to release and/or obtain the following:

- verbal exchange
- clinical chart (excludes psychotherapy notes)
- billing records
- other

This information should only be released to or received from (names and addresses):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I am requesting Mind Body Connections, LLC to release and to obtain this information for the following reasons:

- At the request of the client
- For consistency of treatment
- For treatment planning and implementation
- For Payment Purposes

This authorization shall remain in effect until _____ (usually one year from today's date). **If no calendar date is stated, information may be released only on the day the authorization form is received by Mind Body Connections, LLC.**

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to my therapist at Mind Body Connections, LLC. However, revocation will not be effective to the extent that my therapist has already released information based on this 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 I have the right to inspect the disclosed mental health information. I understand that Illinois Law prohibits re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such a re-disclosure. I further understand that if information is released to a party in another state, re-disclosure of information may be allowable according to their state law. I also understand that once Mind Body Connections, LLC releases information, it has no responsibility or control over how that information is stored or utilized.

Signature of Client (12 years and older)

Date

Signature of Parent/Guardian (children up to 18 years)

Date

Signature of Parent/Guardian (children up to 18 years)

Date