



Athans and Associates, Ltd.
 32 Main Street, Park Ridge, IL 60068-4060
 Tel: (847) 823-4444; Fax: (847) 823-4456

WRITTEN CONSENT FOR DISCLOSURE OF RECORDS AND COMMUNICATIONS

Recipient Name: _____ Date of Birth: _____

I hereby authorize the following agencies to exchange information verbally or in writing for the purpose of psychological assessment, treatment planning and coordination of services:

1.	Athans and Associates, Ltd., 32 Main St, Park Ridge, IL 60068 /AND:	
2.	Facility/Therapist/Physician:	
	Address:	
	Phone:	
	Fax:	

I further consent to have the following pertinent professional information or documents disclosed. Please check all that apply:	
<input type="checkbox"/>	Diagnostic assessment
<input type="checkbox"/>	Treatment summary, including progress, goals and recommendations
<input type="checkbox"/>	Medical/social/family history
<input type="checkbox"/>	Treatment records
<input type="checkbox"/>	Psychological/psycho-educational/neuropsychological testing reports
<input type="checkbox"/>	Consultative reports
<input type="checkbox"/>	Academic and behavioral progress in school
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	

This consent is valid until: _____

I/we understand that I/we have the right to inspect and copy the information to be disclosed. I/we may revoke this consent in writing at any time. I hereby hold Michael J. Athans, Ph.D. and Associates, Ltd. harmless from any liability or damages which arise pursuant to the use of this authorization. It has been explained to me that if I/we refuse consent to this release of information, the following are the consequences (specify if any): Lack of coordinated care; _____

 Witness

 Signature
 (Recipients 12 years old and older must sign.)

 Date

 Signature
 If signature is not of recipient, indicate legal relationship and legal basis on which consent is given for recipient authorization

No person or agency to whom any information is disclosed may re-disclose such information unless the person who consented to the disclosure specifically consents to such re-disclosure.