



Request/Authorization to Release Confidential Records and Information

I hereby authorize **Polaris Counseling** to release information from records about _____
_____ born on _____, and whose Social Security number is
_____, to **Person/Facility:** _____

Address: _____

Phone _____ for the following purpose(s):

- Further mental health evaluation, treatment, or care Rehabilitation program development or services
 Treatment planning Research Other: _____

The information to be disclosed is marked by an x in the boxes below, and the items not to be released have a line drawn through them. Page numbers are indicated when appropriate. Written dates indicate when those records were mailed to the requester.

- Intake and discharge summaries Medical history and evaluation(s)
 Mental health evaluations Developmental and/or social history Educational records
 Progress notes, and treatment or closing summary Other: _____

Please forward the records to Polaris Counseling, 800 W. 5th Avenue, Suite 205A, Naperville, IL 60563.

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 365 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

_____ Signature of Client	_____ Printed name	_____ Date
_____ Signature of parent/ guardian/representative	_____ Printed name and Relationship	_____ Date
_____ Signature of witness	_____ Printed name	_____ Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent, but was physically unable to provide a signature.

- Copy for patient or parent/guardian Copy for source of records Copy for recipient of records