

Jim Cosenza, LCSW, CADC

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Authorization for Release for use of electronic forms of communication: Cell Phone, E-Mail, and Voicemail Communications

Date: _____

I, _____
First Name Middle Initial Last Name

residing at _____
Street Address Apartment or Unit Number City State Zip

date of birth: _____

telephone numbers: _____

e-mail addresses: _____

grant consent for my therapist **Jim Cosenza, LCSW** to correspond with me via cell phone, e-mail and the use of voicemail for the purposes of scheduling appointments, treatment planning, diagnoses, or conveying general information about care or services. I understand that cell phone, e-mail, and the use of voicemail communications are not secure forms of communication and that confidentiality of any cell phone, e-mail, and voicemail information cannot be ensured. Please be advised that e-mail and the use of voicemail are not to be used in order to communicate urgent matters or emergencies.

Please initial here to indicate you understand the above:
initials

This Authorization is valid until: _____
(must have date within the next 12 months)

I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith, by writing to the above-specified parties. I understand that information released by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law.

It has been explained to me that if I decline to consent to this release of information, the following are the consequences: _____

Signature of Patient or Legally Authorized Patient Representative

Date

Relationship to Patient

Jim Cosenza, LCSW, CADC

Date

Note: Authorization must be filled out in its entirety in order to be valid.

Notice to receiving agency or person: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, III. Rev. Stat. Ch. 91 ½ Par. 805 (d) (1979), you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure. Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such disclosure.