

AUTHORIZATION FOR RELEASE and/or EXCHANGE OF INFORMATION
for the
Emergency Contact in Cases of Emergency

Date: _____

I, _____
First Name MI Last Name

Maiden/Given Name: _____ Date of Birth: _____

Address: _____

City State Zip

Telephone Number: _____

hereby authorize and request: Name: James Cosenza, LCSW
Address: 4753 N. Broadway, Suite 608
City: Chicago State: IL Zip: 60640
Phone: 773-633-6643 Fax: n/a

to (***Circle Intention***) release and/or exchange information to

Emergency Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

This information will be used for the purpose of: Scheduling, information gathering,
treatment verification, treatment, diagnosis, in cases of emergency.

and is confined to the following ***specified*** and ***initialed*** information: Scheduling ,
information gathering , treatment verification , treatment ,
in cases of emergency , diagnosis

THIS AUTHORIZATION IS VALID UNTIL: _____
(must have date within 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: Specify (if any): _____

Signature of Person Authorizing _____ Date _____

Signature of Witness _____ Date _____

Relationship to Client _____

NOTE: Authorization must be filled out in its entirety in order to be valid.
NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, Ill. 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.