

Rockford Anxiety and Phobia Clinic
7210 E State St, Suite 102-E7
Rockford, Illinois 61108
Phone: 815.762.0903
FAX: 779.888.3168

Authorization and Release/Exchange of Confidential Information

I, _____, date of birth: ____/____/____ authorize

Rockford Anxiety and Phobia Clinic, 7210 E State St, Suite 102-E7, Rockford, Illinois, 61108, to disclose to and/or obtain confidential information from:

Contact: _____ E-Mail Address: _____

Relationship to patient (Parent, PCP, psychiatrist, therapist, etc.): _____

Address: _____ Phone/Fax: _____

Information to be disclosed

Y	N	Item	Y	N	Item
		Presence/Participation in Treatment			Diagnosis
		Assessment Summary and Recommendations			Discharge/Transfer Summary/Continuing Care
		Psychiatric/Psychological Evaluation			Educational/Academic Information (students)
		Treatment Plan, Plan Reviews, Progress			Demographic Information
		Nursing/Medical Information			Progress Notes
		Toxicological Reports/Drug Screens			Payment Purposes
		Verbal Consultation/Progress Discussion			Other:

***Check each type of information to be included in this release. **There may be a charge for copies of the records.**

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify: _____.
 In the event of a disclosure necessary for emergency notification, RAPC will disclose that the patient is participating in treatment.

Revocation

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to Charles Dudley at RAPC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

This authorization will expire on the following date: _____. If I do not specify an expiration date, this authorization will expire one year from the date of execution of the authorization.

Conditions

I further understand that if I refuse to sign this authorization, the consequence will be that no information will be disclosed. RAPC will not condition my treatment on whether I give authorization for the requested disclosure. I also have the right to inspect and copy the information to be released.

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format, by facsimile, or electronically.

RAPC does not use encryption technology for e-mail and therefore, if I request the information to be transmitted via e-mail there is a possibility that the information transmitted may be viewed by unauthorized persons during transmission.

