



Youth Services of Glenview/Northbrook

Consent for Exchange of Client Information

Client Name:

Client Date of Birth:

I hereby authorize: Youth Services of Glenview/Northbrook
3080 W. Lake Ave., Glenview, IL 60026
(847) 724-2620 (phone) / (847) 724-3499 (fax)

to exchange information and records obtained during the course of the treatment of the client (whose name and date of birth are listed above) with:

Person/Institution:

Address:

City/State/Zip Code:

Phone Number:

Fax Number:

for the purposes of treatment planning and decisions. Documents /records covered in this release are:

- | | |
|---|---|
| <input type="checkbox"/> School Assessments (IEP, 504 plan, etc.) | <input type="checkbox"/> Substance Use Reports/Screenings |
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Psychiatric Assessment | <input type="checkbox"/> General Treatment Coordination |
| <input type="checkbox"/> Medical Reports/Documents | <input type="checkbox"/> Other: |

I understand that a photocopy or facsimile of this form carries the same legal force and effect as the original. I also understand that consent expires one year from the date of signature of this form and may be revoked at any time by providing a written request to Youth Services.

Client Signature (if over 12)

Client Printed Name

Date of Signature

Parent or Guardian Signature

Parent or Guardian Printed Name

Date of Signature

Note to Recipient: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2) and/or state law. In accordance with federal and state law requirements, this information received pursuant to this document is confidential, and the recipient is prohibited from making further re-disclosure of this information to any other person or entity, or to use it for any purpose other than as authorized herein, without the written consent of the person to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patients.