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Oak Brook, IL 60523
T 630-230-6505
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www.SelectiveMutismTreatment.net
www.AdvancedTherapeuticSolutions.org

Child Authorization to Release Information

This form, when completed and signed by you, authorizes ATS to release protected information from your clinical records to the person you designate.

I authorize ATS to release or receive information about (Child's Name and Date of Birth):

_____

This information can only be released to or received from:

School Name / Organization Name: _____

Address: _____

Phone: _____

Contact Person / Title: _____

Email: _____

Contact Person / Title: _____

Email: _____

Contact Person / Title: _____

Email: _____

(Please complete another release form if you have additional contacts you would like to authorize.)

I am requesting ATS to release/receive this information for the following purposes ("at the request of the individual" is all that is required if you are a patient or the parent/guardian of a patient of ATS and you do not desire to state a specific purpose):

_____

This authorization shall remain in effect from_____until_____
(current date) (one year later)

You have the right to revoke this authorization, in writing, at any time by sending such written notification to ATS's office address. However, your revocation will not be effective to the extent that ATS has taken action to reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer maintains a legal right to consent a claim.

I understand that ATS may not condition psychological services upon my signing an authorization unless the psychological services are provided to me/my child for the purpose of creating health information to a third party.

I understand that I have the right to inspect the disclosed mental heath information at any time.

I understand that Illinois law prohibits re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such re-disclosure.

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness Date