

Authorization for Use or Disclosure of Protected Health Information

Client Name:	"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Date of Birth: 'aaaaaaaaaaaaaaaa''
Ur gelthe 'kphqto	"Ngch'T guqwtegu'\q''wug''qt'fkuenqug''o { 'r tqvgevgf 'j gcnvj 'kpcvkqp''Kcwvj qtk g''vq''dg''wugf ''qt''fkuenqugf ''kux'' penwfkpi 'fcvgu''qh'\tgcvo gpv'cpfkqt''pco gu''qh''rtqxkfgtu''y j gp''cr	
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	qt "Rgtuqp lu"P gy "Ngch'T guqwtegu"ku"cwj qtk gf "\q"tgrgcug"o aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	
aaaaa "cv'y g'tgs	g'wug''qt 'f kuerquwt g''(Required)< '''' wguv''qh''yj g''kpf kxkf wcri' gcug''ur gekh{ +"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	naaaaaaaaaaaaaaaaaaaa"
aaaaa'P gy 'Ngc	nh'o { 'tghwucn'\q'uki p''y ku'cwj qtk cvkqp'(Required)<' h'Tguqwtegu'y km'pqv'dg'cdng'\q'eqo o wpkecvg'y ky ''Qti cpk gcug'ur gekh{+"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	
	qmqy kpi <""' to cykqp"wugf "qt"f kuemqugf "dgecwug"Kj cxg"uki pgf "yj ku"cwyj qtk c wdlgev'\a"tg/f kuemauwtg"d{"\i g"r gtuan"at"ati cpk cykan"tgegkxkni '	

- l'cpf "
- Kj cxg'\j g'tki j v'\q'tgxqng'\j ku'cwi qtk cvkqp"cv'cp{"\ko g'd{"f qkpi "\uq'kp"y tkkpi "cpf "r tgugpvkpi "o {"y tkvgp"tgxqecvkqp"\q'P gy " Ngch'T guqwtegu0'
- Cp{'tgs wguv'vq'tgxqmg'vj ku'cwi qtkl cvkqp'v km'pqv'crrn{ 'vq'o { 'kpuwtcpeg'eqorcp{ 'v j gp''vj g''rcy 'rtqxkf gu'o { 'kpuwtgt''y kij 'vj g'' tki j v'vq"eqpvguv'c"encko "wpf gt"o { "r qrke{0"
- Cp { 'tgs wguv'vq 'tgxqng'vj ku'cwj qtkl cykqp'vy kni'pqv'cr rn { 'vq'vj g''gzvgpv'P gy ''Ngch'T guqwtegu'j cu'vcngp''cevkqp''kp''tgrkcpeg''wr qp'' o { "cwi qtk cykqp0""
- Ko c{"tghwug"vq"uki p"vj ku"cwi qtk cvkqp"cpf "P gy "Ngch'Tguqwtegu"y km'pqv'eqpf kkqp"vtgcvo gpv'dcugf "wr qp"o {"r tqxkf kpi "c" uki powtg"qp"vj ku"owj qtk okqp"vpriguu"kv'ku"nqt"tgugotej "tgrovgf "vtgovo gpv"qt"r tqxkukqp"qh"ectg"hqt"vj g"uqrg"r vtr qug"qh"etgovkpi " kphqto cvkqp"hqt"c"vj ktf "r ctv{0"Ki'Ktghwug"vq"uki p"kp"gkvj gt"qh"vj gug"vy q"kpuvcpegu. "Kwpf gtuvcpf "{qw'o c{"tghwug"vq"uki p"ktgcv'o g0"
- Ko c{"kpur gev'qt"ear {"cp{"kphqto cykqp"\a"dg"\wgf "at"f knemgugf "dcugf "wr qp"\ij ku"cwi atkl cykqp0"

Client's or Legal Representative's Initials "aaaaaaaaaa"

Kti'pq"f cvg"qt"gxgpv'ku''uvcvgf "cdqxg."vj ku''cwiqtk cvkqp'ku''ghhgevkxg"qpnf "qp"vj g"f cvg'kv'ku''uki pgf "hqt"o gpvcnij gcnij "tgeqtf u0'Vj g"f cvg''uj cmi pqv'gzeggf '34''o qpvj u'htqo ''vj g'f cvg'kv'ku'uki pgf 0'

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Uki pcwtg"qh"Enkgpv"qt"Ngi cn"Tgrtgugpvcvkxg" "	"	"	"	"	"	"	F cvg"			
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Y kpguu'Rt kpvgf 'P co g'" " " """"""""""""""""""""""""""""""	Y kypguu	'Uki pcwt	g'(Requi	ired)'"' '" <mark>"</mark>	***************************************		"Fcg"			

Important Notice: Any information protected by Federal Regulations governing substance abuse treatment (42 CFR, Part 2) or the Illinois Mental Health and Developmental Disabilities Confidentiality Act is prohibited from further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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