

**AUTHORIZATION TO EXCHANGE/REDISCLOSE*
COMMUNICATIONS AND RECORDS**

TO: _____ Name _____ _____ Organization _____ _____ Address _____ _____ City, State, Zip _____	RE: _____ _____ Names** _____ _____ Date(s) of Birth _____ _____ Address _____ _____ City, State, Zip _____
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The affixed signature(s) give(s) permission to _____ and to the agency or person to whom this form is addressed, to exchange restricted/confidential communications and records as listed regarding the above-named individual(s).

These communications and records are intended for use in (purpose) _____ and are accessible for inspection and copying upon request.

The person(s) authorizing the exchange/redisclosure of communications and records has the right to revoke this consent by written statement at any time. (Information released prior to revocation is not affected.)

This "Authorization to Exchange/Redisclose Communications and Records" is valid until _____ (one year is often used for ongoing collaboration when coordination of care is important).

Failure to sign this form will prevent the exchange/redisclosure of communications and records and may result in

List type of communications and records to be exchanged/redisclosed: (If mental health records are being sent, identify them according to agency, type of information, and dates of reports.)

Signature(s) required: Individuals age 12 or older, Parent/guardian if child is less than age 12. Child only if 12-17 and receiving substance abuse treatment without parent consent.

_____ Signature(s)	_____ Date(s)	_____ Signature(s)	_____ Date(s)
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***Witness _____ Date _____

Signatures indicate awareness of the nature and content of the communications and records being exchanged or redisclosed.

***Mental Health Records Redisclosure:**

Under the provisions of the Illinois Mental health and Developmental Disabilities Confidentiality Act, communication and records may be redisclosed ONLY if the person or persons who consented to this disclosure specifically consents to such redisclosure.

Substance Abuse Records Redisclosure:

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42-CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical and 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 abuse patient.

** Family members may request individual Authorization to Exchange/Redisclose Communications and Records forms.

*** Signature of Witness who can verify identity of the client.