

CONSENT FOR DISCLOSURE OF CONFIDENTIAL CLIENT INFORMATION

I, _____, authorize and request

to disclose the contents of my confidential case records and/or communications in accordance with the terms and conditions set forth herein to:

Adult Probation Officer 200 N. Main St.
Sycamore, IL 60178-1491
(815) 895-7193

This disclosure is needed for probation investigation purposes. The extent, type, and nature of the information or record to be disclosed is:

- Psychological testing completed or recommended
- Summary of all counseling received or recommended
- Status of involvement with probation

I certify that this request has been made freely, voluntarily, and without coercion. I understand that it is my right to revoke this consent for the release of this information, in writing, at any time. Without my express revocation, I understand that this consent will automatically expire _____. I consent to allow release of only the information listed on this consent form. I understand that it is my right to contact the provider and request and inspect the information that is to be disclosed. I understand that the court be may notified should I refuse to disclose the information itemized above.

(authorization signature)

(parent, guardian or other authorized representative's signature, if client is under 18 years of age)

DOB: _____

SSN: _____

DATE: _____

WITNESS: _____
(signature of person who can attest to the identity of the person giving consent)

INFORMATION NEEDED BY: ASAP

NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of the Illinois Mental and Development Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such re-disclosure. Under the Federal Act of July 1, 1975, Confidentiality Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such re-disclosure.