



Hawthorn Counseling Group

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www.hawthorncounseling.com

Authorization to Release Information

This form, when completed and signed by the patient or parent/guardian, authorizes the Hawthorn Counseling Group clinician indicated below to release protected health and mental health information to the person or organization designated

I authorize the following clinician with Hawthorn Counseling Group, **John D. Jochem, Psy.D.** to release the following information (Description of Information to be Disclosed: (Patient/Client should initial each item to be disclosed)):

- | | |
|--|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Toxicology Reports/Drug Screens |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Educational Information |
| <input type="checkbox"/> Psychosocial Evaluation | <input type="checkbox"/> Discharge/Transfer Summary |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Continuing Care Plan |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Progress in Treatment |
| <input type="checkbox"/> Treatment Plan or Summary | <input type="checkbox"/> Demographic Information |
| <input type="checkbox"/> Current Treatment Update | <input type="checkbox"/> Psychotherapy Notes |
| <input type="checkbox"/> Medication Management Information | <input type="checkbox"/> Verbal Communications Only |
| <input type="checkbox"/> Presence/Participation in Treatment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nursing/Medical Information | <input type="checkbox"/> Billing Information |

This information should only be released to (name & address of person/organization to whom the information is to be released): _____

_____.

I am requesting this information be released for the following reason(s): _____

_____.

This authorization shall remain in effect until ____/____/_____. (If no calendar date is stated, the information can be released only on the date on which the authorization is received by Hawthorn Counseling Group).

