

**PERMISSION FOR RELEASE OF INFORMATION**

**THE UNDERSIGNED HEREBY GRANTS PERMISSION TO:**

Mental Health Service Provider: Dr. Mari Richko ND, LCPC, CYI, ABT  
Address: 120 Main Street, Suite 200  
Park Ridge, IL 60068  
Telephone: 847-720-4773

**\_\_\_\_\_ TO DISCLOSE TO            AND/OR            \_\_\_\_\_ OBTAIN INFORMATION FROM:**

Name of agency or individual \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**INFORMATION TO BE DISCLOSED/OBTAINED (in written or verbal form):**

\_\_\_\_\_ Initial Interview/Intake Summary    \_\_\_\_\_ Assessment Report  
\_\_\_\_\_ Attendance Record                    \_\_\_\_\_ Test Results  
\_\_\_\_\_ Progress Reports                        \_\_\_\_\_ Incarceration Records  
\_\_\_\_\_ Discharge/Closing Summary           \_\_\_\_\_ Medical Records  
\_\_\_\_\_ Observations/Recommendations    \_\_\_\_\_ Critical Incident Report  
\_\_\_\_\_ Performance Review Summary        \_\_\_\_\_ other \_\_\_\_\_

**THIS PERMISSION IS GRANTED IN ORDER TO:**

\_\_\_\_\_ obtain necessary information for an assessment  
\_\_\_\_\_ facilitate continuity of care among health care providers  
\_\_\_\_\_ permit case management  
\_\_\_\_\_ enable employer to make determination of employment status  
\_\_\_\_\_ support a multi-systemic treatment approach  
\_\_\_\_\_ other \_\_\_\_\_

**EXPIRATION: This permission will expire one year after the Undersigned terminates services with the Health Service Provider or until revoked in writing by the Undersigned prior to that date.**

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Client date of birth

\_\_\_\_\_  
Client signature  
(or parent/guardian signature, if client is minor)

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date of signature

**NOTICE TO RECIPIENT OF INFORMATION**

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 C.F.R., Part 2) prohibits you from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of this information is not sufficient for this purpose.

