
Authorization of Release of Information Form

Completion of this form will serve as written permission for Jackson Ilyas Therapy Solutions Private Practice to communicate with the individuals you have listed below for the purposes you identify. This authorization will be considered valid throughout the course of treatment unless otherwise requested by the patient and/or guardians.

Patient Name: _____ **Date of Birth:** _____

Address (city/ste/zip): _____

I authorize release of information by Dr. Felisha Jackson Ilyas EdD-CI, MSW, BS LICSW-S, Therapist to (list names and contact information of individuals/organizations): _____

For the purpose of (Check all that apply):

_____ Coordinating services, techniques, treatment strategies among other professionals (school personnel, medical providers, etc.).

_____ Updated progress towards goals

_____ Providing continuity of services (relocation, change of service provider, etc.)

_____ Other (Please describe): _____

Shared Information may include:

_____ *No restrictions, all information relevant/pertinent to coordinating patient treatment -or-*

_____ Session notes only

_____ Evaluations only

_____ Informal progress updates only

_____ Other (Please describe): _____

Communications to/from these individuals/organizations may occur in a variety of ways (in person, phone conversations, email, fax transmittals, etc.) and may include information from the patient's medical record, for example, diagnosis and treatment plan. Please know you have the right to restrict **how** information about you or your child is shared. Kindly indicate any restrictions you wish to request regarding how information about you and your child is shared with the above named individuals. Please check the following.

_____ I do not have any restrictions for how information is shared.

_____ I wish to apply the following restrictions (i.e. phone calls only, no emails ect.): _____

Signature of Patient/Parent/Guardian: _____ Date: _____

Printed Name _____ Relationship to Patient: _____