

DuBois Counseling, LLC
Natalie E. DuBois, LCSW
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773-680-5620

Consent to Release Protected Health Care Information

I, _____, give permission to Natalie E. DuBois, LCSW disclose the private health information to:

Information to be disclosed (check all that apply):

Medical Records

Treatment Records

Diagnostic Records

Other: _____

This protected health information is being used or disclosed for the following purposes:

This authorization expires in 1 year from the date of signature or at the request of the client named above. If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. You may inspect or copy the protected health information to be used or disclosed under this authorization.

Finally, you may revoke this authorization in writing or verbally, at any time, by sending written notification to Natalie E. DuBois LCSW, 636 Church Street, Evanston, IL. 60601 or speak to her in person by calling her in-person at 773-680-5620. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Signature of Participant or Personal Representative

Date

Printed Name of Participant or Personal Representative

Description of Personal Representative's Authority