AUTHORIZATION FOR RELEASE OF INFORMATION

Argosy University, Chicago
American School of Professional Psychology
225 N. Michigan Avenue
Chicago, IL 60601
312-777-7665, Fax 312-777-7747

I, the undersigned, _____ (*Name of Client in Print*), authorize _____ (*Name of Graduate Student*) to use information, including but not limited to, case material and audio/video taping, that s/he obtains regarding my assessment or treatment for educational purposes only at Argosy University, Chicago. By signing this form, I understand that:

1. All identifying information in the tapes will be kept confidential.
2. The professional group will be advised that in the unlikely circumstance that they recognize the identity of the person in the case, they should immediately excuse themselves from the room. Further, they are bound by confidentiality not to reveal what they have heard.
3. I may review this information upon request.
4. This consent is valid for twelve (12) months. However, I may revoke my consent at any time within this twelve-month period.
5. Refusal to consent to release of my information will not affect my rights to receive treatment.
6. At the end of the training year, the graduate student named above will destroy all the video/audio tapes by using tape erasers provided by the Argosy University Training Department.

My signature below confirms that the above named graduate student has explained to me the above policies regarding the use of my information for educational purposes.

_____ _____
Signature: Client Date

If the client is a minor, the custodial parent/legal guardian must sign this consent form. If the client is at least 12 years of age, but under 18, the client must sign in addition to his/her parent/legal guardian.

_____ _____ _____
Parent/Guardian Signature Parent/Guadiana Name Print Date

_____ _____
Graduate Student Signature Date

NOTICE TO RECEIVING AGENCY/PERSON: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to this disclosure.

Under the Federal Act of July 1, 1987, Confidentiality of Alcohol and Drug Abuse Records, no such records, nor information from such records may become further disclosed without specific authorization for such redisclosure.

If the client is a minor, the custodial parent must sign this consent form. If the client is at least 12 years of age, but under 18, the client must sign in addition to his/her parent.