

**AUTHORIZATION FORM: Formal Referral**

I, the undersigned, hereby authorize ComPsych's Clinical Staff to release to:

\_\_\_\_\_  
(Name of the Referral Contact)

\_\_\_\_\_  
(Name of the Company/Agency)

the following information contained in my record maintained by ComPsych:

1. Date of the initial appointment
2. Treatment recommendations
3. Compliance/Non-compliance with recommendations
4. Completion of treatment recommendations
5. Results of Drug/Alcohol tests, if applicable
6. Other \_\_\_\_\_

My authorization for the release of the above information is effective on the date I sign this form and will remain effective for a period of one (1) year from such date.

The purpose of the disclosure by ComPsych to the recipient is: To report my compliance/non-compliance with the formal referral process.

I understand that ComPsych will not condition treatment or payment or the eligibility of my receiving services on the basis of my providing authorization for the requested use or disclosure, and that I may refuse to sign this authorization. To the extent that I do sign this authorization, I do so voluntarily. I understand that I have the right to inspect and copy the information that I have authorized to be used or disclosed as provided for under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations found at 45 C.F.R. § 164.524.

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law.

I understand that this authorization is valid for one (1) year, unless revoked by me before then. I understand that I may revoke this authorization at any time by sending written notice to ComPsych. I understand that if I revoke this authorization such revocation will not be effective to the extent ComPsych has already relied on it to disclose the information.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee Address: \_\_\_\_\_

*Photocopies and electronic facsimile copies of this authorization are considered as valid as the original form*

NBC Tower 455 N. Cityfront Plaza Drive Chicago, IL 60611-5322