REQUEST/CONSENT TO RELEASE RECORDS & INFORMATION

I, ____(print full name)**, born on**__________________**,**
SSN___________________________________**, Phone** ___________________________________**,**

hereby authorize:
Person or Facility____
Address____
____
Tel__________________________________ Fax_________________________________

To disclose to:
Iluminar, PLLC
10752 N 89th Place Ste 209
Scottsdale, AZ 85260
Tel 480.338.8070
Fax 480.314.5133

The following information:

Initial Medical Assessment
Drug Screens
Intake and Discharge Summaries
Lab Results
Progress Notes
Mental Health Evaluation/History
Treatment/Discharge Plan
Complete Medical Record to Date
Progress in Treatment
Other____________________________________

For the purpose of:

Medical Treatment Plan/Intervention
Coordination of Treatment - Referral Source
Referral of Patient for Further Treatment
Coordination of Treatment - Psychiatrist/Therapist
Other____________________________________
____

Approximate dates of treatment:____

Information to be released via:

Fax
Photocopy/Mail
Telephone

I understand the purpose of this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implication of their release. This request is entirely voluntary on my part. I am aware that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

________________________________ ________________________________ ____________
Print Patient or Parent/Guardian Name Patient or Parent/Guardian Signature Date

I witnessed that the aforementioned person understood the nature of this request/authorization and freely gave his or her consent.

________________________________ ________________________________ ____________
Print Witness NameWitness Signature Date

NOTICE: All information contained herein is strictly CONFIDENTIAL and protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance of the contents of these documents is strictly prohibited.