



# Highland Park Psychological Services

210 Skokie Valley Road Suite #12 | Highland Park | [www.hpppsychservices.com](http://www.hpppsychservices.com) | (847) 915- 6078

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize \_\_\_\_\_  
to release healthcare information of the patient named above to:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone# \_\_\_\_\_

This request and authorization applies to all relevant healthcare information unless specified otherwise:

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above

\_\_\_\_\_  
Patient Name:

\_\_\_\_\_  
Parent/Guardian Name:

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_