



Autumn Healthcare of Illinois

9449 S. Kedzie STE 142
Evergreen Park, IL 60805
Tel: (773) 420-3481

Consent for Release of Information

I, _____, the undersigned,
authorize _____ to release
mental health and/or alcohol or drug treatment information to:

_____ for the purpose of:

- _____ Assistance with Legal Issues
- _____ Case Management
- _____ Coordination of Care
- _____ Educational Planning

This authorization shall remain in effect until:

I understand that I have the right to revoke this authorization at any time, except to the extent that we have already taken action based on the authorization.

I understand that this information may be redisclosed only if the recipient(s) described on this form are not required by law to protect the privacy of the information. I understand that alcohol or drug treatment records are protected under federal regulations.

If you need any additional information, please contact Pamela Brazelton Sykes at 773 420-3481.