Center for Personal Growth
Owner: Erin M Liebich, Psy.D
640 E Saint Charles Rd, Suite 212, Carol Stream, IL 60188
(630) 791-0118 billing@Center4PersonalGrowth.net *Fax (630) 708-7654*

Consent to Release and Obtain Records

Client Name: _____ **Birthdate:_____**

☐ I authorize Center for Personal Growth to **release** information concerning the above named client to:

☐ I authorize Center for Personal Growth to **obtain** information concerning the above named client to:

Name/Agency: _____

Address: _____

_____

City *State* *Zip*

Telephone: (_____)_____ **Fax:** (_____)_____

Please INITIAL each item below you wish to have released and/or discussed:

_____ Appointment Days and Times
_____ Scheduling an Appointment
_____ Billing
____ Court/Probation Records
____ Verbal Communication with Provider regarding treatment
____ Other (specify) _____
_____ Treatment Summary
_____ Psychological Evaluation Report
_____ IEP's, Special Education Records
____ Work Records, HR reports

I understand that upon written request, I have the right to revoke this consent at any time.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

_____ _____ _____
Signature Print Name Date

_____ _____ _____ _____
Address City State Zip

(____)_____
Phone#

If you are the legal guardian signing on behalf of the child client please see below:

Client is _____ years of age. Any client 12 years and above must sign below:

_____ _____ _____
Signature Print Name Date

Fax/Emailed to: _____ on: _____