

# Behavioral Health Providers, P.C.

1100 Cougar Trail Cary, IL 60013 | 321 Franklin St. Geneva, IL 60134

\*Email: [bhproviders@gmail.com](mailto:bhproviders@gmail.com) \*

\* Phone 847-516-2538 \* Toll Free 888-291-2538 \* Fax 847-516-2510 \*

[www.bhproviders.com](http://www.bhproviders.com)

## Consent for Release of Information/Exchange of Information

### Patient Information

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

\_\_\_\_\_

### I authorize Behavioral Health Providers, P.C. to release to below information:

Any and All records including but not limited to treatment notes, test results, insurance information, payment history, and balances.

ONLY treatment notes and test results.

ONLY insurance information, payment history, and balances.

### I authorize Behavioral Health Providers, P.C. to release the above selected information to:

Name of Person, Doctor, Practice, or Company:

\_\_\_\_\_

Address of Person, Doctor, Practice, or Company:

\_\_\_\_\_

\_\_\_\_\_

Phone number of Person, Doctor, Practice, or Company:

\_\_\_\_\_

This Request will expire in 1 year unless listed otherwise. List date here \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name