

Illinois Valley Center for Independent Living

18 Gunia Drive
La Salle Illinois 61301
(815) 224-3126 (V/TTY)

Release of Information Form

I, _____, hereby authorize the Illinois Valley Center for Independent Living to receive written and / or verbal information from or release written and/or verbal information to:

Staff/Name: _____ Organization/Title: _____

Address: _____ City _____

State: _____ Zip: _____ Telephone _____

From the Consumer File of: _____ Date of birth ____/____/____
(Name of consumer) (Consumer's)

Only the following information may be released: _____

I understand that the information is being released for the purpose of: _____

I understand that I have the right to inspect and copy the above information prior to its disclosure. I also understand that I may revoke this consent at any time except to the extent that action based upon it has already been taken. In the event that express revocation is not made, this authorization will automatically expire on ____/____/____.

This authorization and request are fully understood and made voluntarily on my part. Lack of consent may have an impact on the ability of the Illinois Valley Center for Independent Living to provide services.

_____/_____/_____
[Consumer Signature if over 18] (Parent/Guardian signature) [Date]

If Signature is not of the consumer, indicate legal relationship and legal basis on which consent is given.
