111 Illinois Street
Lemont, IL 60439
630.777.7113 (Telephone)
630.243.0317 (Fax)

I hereby authorize Reem K. Cutinello and counselors of Finding Balance, ltd. to use or disclose the specific information described below and only for the purposes and parties as so described below:

Description of the specific information to be used or disclosed:
information related to client progress, educational, medical, physical and emotional status and other pertinent information related to client well-being for treatment purposes.

Persons or entity requesting the information and authorized to make the requested use or disclosure:

Recipient of information: _____

The information is being requested for the following purpose(s):
Most effective treatment purposes via collaboration.

This authorization shall remain in effect from the date signed below until _____ expiration date or event

I understand that:

- ☐ I may inspect or copy the protected health information to be used or disclosed
- ☐ I may revoke this authorization in writing by contacting your office at the address above
- ☐ Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by HIPAA
- ☐ I may refuse to sign this authorization and that you will not condition treatment or payment on me providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).
- ☐ I understand that you will receive compensation from a third party for the use or disclosure of my information

Patient Name	Patient Signature	Date
Parent of child or adolescent patient	Parent Signature	Date