Institute for Personal Development

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333 N. Hammes Ave., Ste108
Joliet, IL 60435
P: 815-725-6511
F: 815-725-7166

Also Serving: Aurora & Ottawa

Verbal Authorization to Release Information

I authorize representatives of Institute for Personal Development to verbally communicate with the following individual/office for the purpose (check all that apply) of:

_____Billing Questions _____ Scheduling Appointments _____School Medications

_____
(Name of Individual and Relationship to Patient)

_____ _____
(Address) (City, State, Zip)

_____ _____
(Phone Number) (Fax Number)

The following information on _____ _____
(Patient's Name) **(Date of Birth)**

This Release is valid for the period of one year from the date of authorization unless revoked in writing.

_____ _____
Signature of Patient / Responsible Party if Minor (12 years and older must sign release) Date

_____ _____
Signature of Witness Date

******All patients 12 years of age or older need to sign this authorization to release.******

Updated: 12/2014