

Rick Tivers & Associates

Rick Tivers, LCSW CGP

Nadia Greenspan, LPC NCC

518 Davis Street, Ste. 214, Evanston, Illinois 60201

AUTHORIZATION RELEASE I hereby give my permission for Rick Tivers & Associates (RTA) to contact the party listed below to discuss information related to my treatment. I understand that the information divulged will be to facilitate treatment, that I can withdraw this authorization at any time, and that the contact with this party will be treated in accordance with professional ethics and Illinois laws. I am aware that I have a right to inspect any written documents released and make photocopies of them if I desire. Further, I am aware that I can revoke this authorization at any time prior to the end of the authorization period specified below by providing written notice to Rick Tivers & Associates (RTA).

Name of Patient: _____

Date of Birth: _____

Party to be contacted: _____

Nature of information to be released: _____

Purpose of information released: _____

Consequences of failure to authorize release of information: _____

Signature of patient or guardian: _____

Print name of patient or guardian: _____