



# The Self Empowerment Center

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## Authorization for Release of Confidential Information

I, \_\_\_\_\_, undersigned, do hereby authorize the release and exchange of any and all oral and written information concerning \_\_\_\_\_ from any public or private agency, including but not limited to those listed on reverse, to The Self Empowerment Center, 1751 S. Naperville Road, Suite 207, Wheaton, IL. 60189 (hereafter "SEC"). The information requested below is being release for the purpose of assisting and informing SEC in my treatment. I understand my right to inspect, copy, challenge, and or/amend the subject records. This release authorizes disclosure of any and all oral or written social history, medical, academic, psychological, psychiatric, or educational planning or testing informational. Complete disclosure of medical chart and running record or patient log information is authorized. Medical chart information shall include but **not limited to** intake and discharge summaries, consultation, profess reports, progress notes or other information related to me. I understand my right to inspect, copy, challenge, and/or amend the subject records.

I understand that should I refuse to sign this release, the requested information **will not** be disclosed. I understand that I have the right to inspect my records. Being fully apprised of these rights, it is my intent that this release remain in full force and effect until I revoke it in writing, or until the expiration date indicated below, whichever comes first, in order that SEC professionals can be fully informed on an ongoing basis without the necessity for repeated requests. I further intend that carbon, fax, photocopies, email or any other form of electronic transmittal of this release shall have the same force and effect as the original an shall apply to all records requested.  
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