



GKB Neuropsychology

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Authorization for Collateral Contact

Patient Name: _____ DOB: _____

I, _____ (Patient/Parent/Guardian), authorize Dr. George K. Bialkowski, Psy.D. of George K. Bialkowski, PLLC d/b/a GKB Neuropsychology to contact and discuss information concerning the above-named patient with the following individual(s):

Authorized Contact Person:

Name: _____ Phone: _____ Relationship: _____

Purpose and Information to be Released:

Purpose: ☐ Clinical interview information ☐ Current functioning ☐ Scheduling and appointment coordination
☐ Background information ☐ Treatment planning ☐ Other: _____

Types of Information That May Be Discussed: ☐ Current symptoms ☐ Medical history ☐ Educational history
☐ Recommendations ☐ Test results and related findings

Conditions and Rights

I understand that:

- This authorization is voluntary and I may refuse to sign without affecting my care
- Information discussed may be documented in the patient's clinical record
- The authorized person(s) may provide information to the clinician and receive information from the clinician as clinically appropriate
- I may revoke this authorization in writing at any time by notifying this practice
- Communications may occur without the patient present
- This authorization expires: _____ or ☐ 365 days from signature (if no date specified)

Patient Signature (if 18 or older): _____ Date: _____

Parent/Guardian Signature (if patient under 18): _____

Witness Signature: _____ Date: _____

Substance abuse records (if applicable): Any substance abuse treatment information included in this release is protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.