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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the organization(s) identified below and its authorized agents, affiliates, and representatives to release, request, and exchange my health information and other information listed below for purposes of evaluation, assessment, care, legal reasons and/or coordination of care.

Providing and/or Receiving Party:

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I authorize the release, request and exchange of the following information:

- Verbal and written documentation regarding circumstances leading up to examination or evaluation.
- Medical records, including diagnoses, prognoses and medications.
- Employee records, including performance reviews/information and attendance records.
- Employer records, including Job Description, Essential Functions and other applicable information.
- Vocational testing reports, summaries, and test summary data.
- Psychological test reports, summaries, and test summary data.
- Psychological and/or vocational raw test data.
- Substance Abuse Evaluations/Results of Drug Tests
- Social, Emotional, Behavioral Functioning
- Session notes and summaries.
- Telephone consultation or collateral interview(s).
- Examination Report
- Fitness for Duty Employer Report
- Fitness for Duty Evaluation Report

Pre-Employment Psychological Screening Employer Report
 Other (specify):

I understand that this authorization will not expire unless or until I revoke it in writing. I may revoke this authorization at any time by notifying the provider in writing, but a revocation will not affect releases that happen before the revocation. The provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization, except where the provision of services are solely for the purpose of creating information for disclosure to a third party. A photocopy/fax of this authorization will be treated in the same way as an original. I understand that the provider cannot prevent re-disclosure of my information by the person or organization who receives my records under this authorization, and that information may not be covered by state and federal privacy protections after it is released.

Signature

Name Printed

Date