

**Lisa Demos, MA, LCPC**  
**Reciprocal Release of Information**

I, \_\_\_\_\_ authorize Lisa Demos, MA, LCPC, 1 E. Superior St., Ste. 410, Chicago, IL 60611. Phone: (773)914-3284 To release to, or receive from, any and all information/records regarding

\_\_\_\_\_.

With: \_\_\_\_\_

Specific nature of Information to be released: Clinical assessment, diagnosis, progress notes and recommendations for the purpose of facilitating mental health treatment or continuity of care, and providing updates on client's progress and compliance with any recommendations.

This consent is valid until 1 year after signature \_\_\_\_\_

\_\_\_\_\_

Signature of client

\_\_\_\_\_

Date