North Shore Family Services

Third Party Payor Release

I, the undersigned, am a client (or parent/guardian of a client) of North Shore Family Services, LLC. In order to facilitate treatment, I hereby authorize communication between:

North Shore Family Services, LLC
420 Lake Cook Rd., Suite 121
Deerfield, IL 60015
2528 N. Lincoln Avenue, Suite 116
Chicago, Illinois 60614
847-668-4295

And my insurance provider (also known as Third Party Payor)

Third Party Payor[1] (Insurance Provider) _____

Address Line 1 _____

Address Line 2 _____

This communication, written or verbal, will be in reference to:

Client's Name _____

Address Line 1 _____

Address Line 2 _____

- I understand that I may revoke this consent in writing at any time. I understand that information may be released by North Shore Family Services, LLC prior to receipt of any processing of a revocation.
- This consent will remain valid for one year upon the date of signature unless consent is revoked in writing prior to that date.

I hereby authorize payment directly to North Shore Family Services, LLC for mental health service benefits:

_____ _____
Client's Signature (age 12+) Date

_____ _____
Parent/Guardian's Signature (for all minor clients) Date

[1] Notice to receiving agency/person: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/1 et seq., you may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such re-disclosure.