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PSYCHOLOGICAL PROTOCOLS RELEASE

THE ILLINOIS MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CONFIDENTIALITY ACT STATES, IN PART:

Psychological test material whose disclosure would compromise the objectivity or fairness of the testing process may not be disclosed to anyone including the subject of the test ... However, any recipient who has been the subject of the psychological test shall have the right to have all records relating to that test disclosed to any psychologist designated by the recipient.

To: _____

PHONE: _____

RE: _____, AGE _____ DOB: _____

PLEASE FORWARD COPIES OF ALL PROTOCOLS AND SCORING SHEETS TO THE FOLLOWING LICENSED CLINICAL PSYCHOLOGIST:

NAME: _____
ADDRESS: _____

APPROXIMATE DATE TESTING WAS CONDUCTED: _____

THIS CONSENT EXPIRES ON: _____. I UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE THIS CONSENT AT ANY TIME; AND THAT THE MATERIAL WILL NOT BE DISCLOSED IF I REFUSE TO SIGN. I INTEND THAT A PHOTOCOPY OR FACSIMILE OF THIS DOCUMENT SHALL CARRY THE SAME FORCE AND EFFECT AS THE ORIGINAL.

DATE: _____

X _____
SIGNATURE

ALCORN & ALLISON
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GLEN ELLYN, ILLINOIS 60137
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X _____
SIGNATURE OF MINOR 12 OR OLDER

X _____
ADULT WITNESS