

Danute Kuncas
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Release of Confidentiality

I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

This is to authorize that information regarding:

Name_____

Address_____

City, State ZIP_____

Be shared with:

Disclosure is limited to:

No person or company to whom any information is disclosed pursuant to this authorization may redisclose such information unless the person who authorized this disclosure specifically consents to such redisclosure.

I certify that I have read the foregoing, and agree to the release of information as is herein delineated.

Signed_____ Date_____

Witness, Danute Kuncas_____ Date_____