

Brooke Schmaling, LCSW

180 Providence Road, Suite 9
Chapel Hill, North Carolina 27514
Telephone: 203-671-0275

Release of Information

Client Name: _____ DOB: _____

RECEIVING INFORMATION:

I hereby give permission for the agency/individual names below to provide Brooke Schmaling, LCSW with information regarding the above named person. I understand that this information may not be re-released to any person or agency without my expressed consent, except as provided by law.

Consent to
Receive Information

Name of agency/person

Initials

Address

City/State/ZIP

Phone

Fax

RELEASING INFORMATION:

I hereby authorize Brooke Schmaling, LCSW to release information contained in the above person's record to the agency/individual listed above. This release will expire in six months or as otherwise specified. I understand that I may revoke this consent to release information at any time. I also understand that any release which was made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

Consent to
Release Information

ALL RECORDS

Initials

SPECIFIC INFORMATION TO BE RELEASED:

- VERBAL COMMUNICATION
- SCHOOL RECORDS
- PSYCHOLOGICAL TESTING
- PROGRESS NOTES
- MEDICAL RECORDS
- TREATMENT RECORDS
- NEUROLOGICAL TESTING

Signature of Individual

Date

Witness

Date

(If client is under 16 years of age parent or legal guardian must sign)