

RELEASE / REQUEST OF INFORMATION

CLIENT' NAME:

D.O.B.:

I HEREBY AUTHORIZE:

ANDREA DIFILIPPO, LICSW & ASSOCIATES

TO RELEASE TO, OR REQUEST FROM:

THE FOLLOWING INFORMATION FROM MY RECORD:

THIS INFORMATION IS NEEDED FOR THE PURPOSE OF:

I UNDERSTAND THAT THE AGENCY ABIDES BY FEDERAL CONFIDENTIALITY REGULATION (42 CFR, PART 2) PUBLISHED JULY, 1, 1975, WHICH PROTECTS THE CONFIDENTIALITY OF MY RECORDS AND THAT THE INFORMATION CONTAINED IN MY RECORD CANNOT BE DISCLOSED WITHOUT CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS.

I UNDERSTAND THAT THIS DIRECTIVE IS SUBJECT TO REVOCATION AT ANY TIME UPON WRITTEN REQUEST. OTHERWISE THIS CONSENT WILL EXPIRE UPON ONE YEAR FROM DATE SIGNED.

I HEREWITH RELEASE AND HOLD HARMLESS *ANDREA DIFILIPPO, LICSW & ASSOCIATES*, FROM ANY LIABILITY FOR THE RELEASE OF ANY INFORMATION PROVIDED IN ACCORDANCE WITH THIS DIRECTIVE.

SIGNATURE OF CLIENT/ GUARDIAN

WITNESS