



# Release of Information Consent

I, \_\_\_\_\_ authorize Janet Kazmer, MSW, LCSW to:  
\_\_\_(send) \_\_\_(receive) the following \_\_\_(to) \_\_\_(from) the following agencies  
or people:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

- |                                                       |                                                        |
|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Academic testing results     | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Treatment plans              | <input type="checkbox"/> 2-way verbal contact          |
| <input type="checkbox"/> Case notes                   | <input type="checkbox"/> Discharge summary             |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results    |
| <input type="checkbox"/> Medical reports              | <input type="checkbox"/> Psychiatric assessment        |
| <input type="checkbox"/> Personality profiles         | <input type="checkbox"/> Other (specify)               |
| <input type="checkbox"/> Progress reports             |                                                        |

The above information will be used for the following purposes:

- Planning appropriate treatment or program
- Continuing appropriate treatment or program
- Determining eligibility for benefits or program
- Case review
- Updating files
- Other (specify)

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_