Susan M. Pelosi, LCSW 7472 Broadway, Suite 5A Red Hook, NY 12571 646/ 236-3077

# AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Susan M. Pelosi to release the following type and amount of information pertaining to my evaluation and/or treatment

to:

for the purpose of:

I understand that authorization shall remain valid from the date of my signature below and for 12

months thereafter ending on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been informed that I may revoke this authorization by written or oral communication to Susan Pelosi. I certify that this form has been fully explained to me and that I understand its contents.

*The designated information about me (  ) may (  ) may not be transmitted by fax, electronic mail, or other electronic file transfer mechanisms. The provider of the information and the recipient designated above (  ) may (  ) may not discuss by telephone the content of the information released.*

*This request and authorization to release information is based on my understanding of the content of my records, the use of the information once it is released, and my understanding that the source providing the information cannot be responsible for the protection of my privacy once the information is conveyed. I release the source of information from all liability arising from the release. I understand that the willingness to treat me of the party requesting information is not affected by the response of the source of the requested information. I understand that the recipient of the requested information is prohibited by federal law (Code of Federal Regulations 42, Part 2) from making any further disclosure of it without my specific written permission.*

*I understand that this release of information is intended to allow me to provide my informed consent for an exception to my confidentiality and the protection of my privacy guaranteed under federal law, including but not limited to the Federal Privacy Act of 1974 (P.L. 93-579), the Freedom of Information Act of 1974 (P.L. 93-502), and the Code of Federal Regulations 42, Part 2.*

Signature of Client Date of Authorization

\_\_\_\_\_

Susan M. Pelosi, LCSW-R Date