

**Letitia D. Brown, LCSW
Caring for Our Community**

Authorization for Release of Information

I, _____, born on _____ hereby authorizes Letitia Brown, LCSW to exchange information with:

Client name _____ DOB _____

Name of individual and/ or organization: _____

Address/Phone Number: _____

For the purposes:(specify) _____

This information includes (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Neurological Evaluation |
| <input type="checkbox"/> Educational/Academic Records | <input type="checkbox"/> Behavioral Reports |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Teacher Reports |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Treatment/Discharge Summary |
| <input type="checkbox"/> Court Report | <input type="checkbox"/> Substance Abuse Evaluation |
| <input type="checkbox"/> An on-going exchange of information | <input type="checkbox"/> Past Services (Verbal Exchange or Reports) |
| <input type="checkbox"/> Other (describe below) | <input type="checkbox"/> Urine Screen/Breathalyzer Results |

This authorization is valid from _____ to _____, unless revoked by the undersigned.

Date Date

Consent Signature(s)

Above Named Client Date Parent/Guardian/Authorized Representative Date

Prepared and witnessed by: _____
Staff Member

Revocation Signature(s)

I _____ Revoke my consent for Letitia Brown, LCSW to exchange information with the above-named individual/organization as of this date _____.

Above Named Client Date Parent/Guardian/Authorized Representative Date

Prepared and witnessed by: _____
Staff Member

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.