

Release of Information

I, _____ for _____
(Name and date of birth for minor under age 12)

Hereby authorize Tanya Ruckstuhl-Valenti LICSW, MSW to

disclose

And/or

obtain information from:

_____ (person/facility)

_____ (address)

_____ (city, state, zip)

_____ (phone)

_____ (fax)

The following information:

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- Initial Evaluation/Assessment/Diagnosis
 - Medications –current and past
 - drug/alcohol use information
 - academic records, progress, issues and behaviors
 - medical history
 - medical diagnosis
 - sexually transmitted diseases/AIDS/HIV/HEP C
 - treatment plan/goals
 - treatment progress
 - progress notes
 - other: _____

I understand that this consent is valid for 90 days and that I may revoke it at any time.

Signature of client:

Date:
