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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize Nanci Brown, LCSW-C, a Social Worker in private practice at the above location, to release, and exchange information with:

 (Name of individual(s) and/or agency from whom information is to be obtained)

at (address and/or phone) _____

about myself or my child .

Additionally, I consent to _____ sharing,
 (Same name of above professional individual or agency)

releasing, and exchanging information with Nanci Brown, LCSW-C.

The information being released and shared will be used for treatment planning and co-ordination.

I understand that I may revoke this consent at any time except to the extent that action has already been taken on it and that it will expire automatically by _____.

(Date of expiration)

 Signature of Client/Parent (if client is a minor)

 Date