

Peter J. Paterno, MSW, LCSW
Practice in Psychotherapy and Professional Coaching
www.PeterJPaterno.com

342 Grand Ave.
2nd Floor
Englewood, NJ 07631

535 Morris Ave.
1st Floor
Springfield, NJ 07081

201-951-4800(Phone)

973-379-8804 (Fax)

Release of Information

Client Name: _____

DOB: _____

I authorize **Peter J. Paterno, LCSW** to **Release** and / or **Obtain** information including medical records, substance abuse information and HIV related information to/from:

The purpose of this information is for: _____

The information being released / obtained includes:

- School Records Behavior Reports CST Evaluation Attendance Records
 Medical Records Psychiatric / Psychological Evaluation Discharge Summary
 Other: _____

I understand that the information herein is protected under Federal Law and cannot be released to any other party without my written consent. I also acknowledge that this release may be revoked by me at any time except insofar as action already taken in reliance thereon. In any event this authorization shall expire in 180 days or 180 days after last session **whichever is greater**.

Signature of Patient

Date Signed

Signature of Parent or Guardian if child is under 14y/o

Witness