

**PERMISSION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ authorize Mary W. Underwood, LISW-CP, and/or her representative(s) to release information obtained

\_\_\_\_\_ During the course of my assessment and treatment

\_\_\_\_\_ During the course of assessment and treatment of my child or legal ward,

\_\_\_\_\_

To the following person(s) and/or organizations: \_\_\_\_\_

\_\_\_\_\_

Please list any condition or limitations of the release: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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To: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ authorize, the above named person(s), organization(s) and/or their representative(s) to release regarding

\_\_\_\_\_ myself

\_\_\_\_\_ my child or legal ward, \_\_\_\_\_

To Mary W. Underwood, LISW-CP

Please list any condition or limitations of the release: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I understand that this release of information will be limited to sharing information in order to ensure coordinated services and/or payment. I understand that this consent remains in effect from this day forward, unless I revoke it, which I may do at any time.

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Witness:

Parent/Guardian