

## 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:

\_\_\_\_\_

\_\_\_\_\_