Anthony Franco, LICSW
Psychotherapy • Consultation • Evaluation • Performance Enhancement

Authorization for the Release of Confidential Information

I, _____ hereby authorize Anthony Franco, LICSW to: ❒ obtain from ❒ release to:

_____

_____

name and address of agency, person, facility

The following confidential information concerning:

_____

name of client

for the purpose of:

- ❒ treatment
- ❒ evaluation
- ❒ case planning

I understand that my records are protected under RI General Law and Federal Confidentiality Regualations and cannot be disclosed without my written consent except as otherwise specifically provided by law. Any information released and/or received as a result of this consent shall not be further relayed in any way to any person or organization without additional written consent. This consent can by terminated at any time by written notification to this office. Otherwise, this consent will have a duration of one year from the date of this form.

_____

signature of: ❒ client ❒ parent ❒ guardian date

_____

signature of: ❒ client ❒ parent ❒ guardian date

_____

signature of witness date

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