

Nathalie J. Rodríguez, LICSW

Licensed Independent Clinical Social Worker

## Authorization to Release/ Request Confidential Information

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

Client's Name: \_\_\_\_\_ Client's D.O.B.: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Nathalie J. Rodríguez, LICSW to release to, and/or request from, (*name of provider or program*) \_\_\_\_\_ the following information: \_\_\_\_\_. This information is needed for the purpose of \_\_\_\_\_.

I understand that this information is to be used for professional purposes only and that it will be regarded as confidential.

Mode of communication:

Fax \_\_\_\_\_  Email \_\_\_\_\_

Phone \_\_\_\_\_  In person

Mail \_\_\_\_\_

This release of information will be valid for the duration of my work with Nathalie J. Rodríguez, LICSW unless otherwise specified. I understand that I can revoke this release of information at any time by providing a written request.

\_\_\_\_\_ Client's Name

\_\_\_\_\_ Client's Signature

\_\_\_\_\_ Date Signed