Kevin Makarewicz LPC
31 Halsey Dr Old Greenwich, CT 06870
(203) 698 2465/ Fax 203 698 2465

Permission to Obtain / Release Information

Client Name: _________________________ **D.O.B.** __________ ____

Parent Guardian Name (if client is a minor)**:** ______________________________

I authorize **Kevin Makarewicz LPC** to:

[ ] **Obtain From:** [ ] **Release To:**

Agency: _________________________________ Contact Person:_____________________

Street: _____________________________

City: ________________________________ State:_________ Zip:__________________

Phone: ____________________________________ Fax ____________________________

Check all that apply:

[ ] **Ongoing** communication: I authorize reciprocal information exchange.

[ ] Biopsychosocial Assessment [ ] Case Management

[ ] Clinical Assessment [ ] Medical Notes [ ] Lab Reports

[ ] Medical Records [ ] Discharge Summary [ ] Psychological Evaluation

Dates of treatment covered by this release:

[ ] **All** prior episodes of care.

[ ] **Limited** to the following dates/ programs: ____

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- I understand that the records to be released may contain information pertaining to medical, sickle cell, psychiatric, drug including alcohol abuse treatment and or HIV/ AIDS related information.
- I agree that a copy of this authorization will be as valid as the original. I understand that I may revoke this authorization at any time, except to the extent that information has already been released.
- I understand that applicable federal and state law, the information disclosed under this authorization may be subject to further disclosure but the recipient and thus, may no longer be protected by federal regulations.
- The information to be obtained or disclosed was fully explained to me and this consent is given on my own free will.
- *This release will expire one year from the today's date ________. This release will need to be renewed on _________ in order to remain in effect.*

________________________________ ____________

Client signature Date

________________________________ ____________

Parent/Guardian/Conservator/ legal representative Date