

Shimmy Feintuch, LCSW CASAC-G

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Consent for Release of Information

Date: _____

Client Name: _____ Date of Birth: _____

I hereby authorize Shimmy Feintuch, LCSW CASAC-G to both obtain information from and release information to the following individual or agency:

Name _____

Phone: _____

Email: _____

Relationship to client: _____

The specific material being released will include the following: Dates of treatment, Progress reports, Summary of treatment, Diagnosis, and School/educational records.

I understand that the information to be released may include material that is protected by state and/or Federal Regulations 42 C.F.R., Part 2, applicable to either mental health or drug/alcohol abuse or both. My signature authorizes release of all such information as specified above.

This release is in effect for one year, unless it is revoked sooner.

Signature _____ **Date** _____
Client

Signature _____ **Date** _____
Parent/Guardian (if client is a minor)