

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