

Jody Weiner Davis, MA, MSW, LCSW, ACSW, DCSW, LMFT

Release of Information Form for Psychotherapy

I, \_\_\_\_\_, hereby authorize Jody Weiner Davis, MA, MSW, LCSW, LMFT

To release on my behalf to:

---

---

---

The specific details to be released are:

---

---

---

Please circle the specific purpose for which the information will be used, such as for (A)consultation with another healthcare provider, for (B) legal proceedings, (C)for insurance purposes, (D) \_\_\_\_\_I understand that the information being released may include sensitive and personal information related to my mental health, and I give my express consent for this information to be released.

I understand that I have the right to revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on this authorization. I understand that if I do revoke this authorization, it will not have any effect on any actions taken prior to the revocation.

This authorization will expire on \_\_\_\_\_or be continuous \_\_\_\_\_, unless otherwise specified by me in writing. (Initial either one) Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date:\_\_\_\_\_

