

**Joseph P. Carlino LCSW-R, CP, CET III**  
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**Online Practice Only**  
**Psychology Today Information zip code 14456**

# Release of Information

I \_\_\_\_\_ give Joseph P Carlino LCSW-R verbal, written and legal permission to speak with and gather any pertinent written information pertaining to my Mental & Medical Health. My signature is valid in both to and from directions.

**To:** \_\_\_\_\_

**Joseph P. Carlino LCSW-R therapist agrees not to pass this document to any legal, family or other facility without additional releases of information.**

**This document is a legal binding document insuring you the highest of confidentiality and following all the HIPPA requirements.**

I the undersigned, have read the above and authorize Mr. Carlino to disclose information to whom I have agreed. I further understand that the other person is also allowed to disclose information once I have signed. This consent is ongoing. I also understand that this disclosure is bound by the Title 42 of the Code of Federal Regulations governing confidentiality both in Mental Health and drug and alcohol treatment if needed. Re-disclosure of this information to a party other than the ones named above is forbidden without additional written authorization on my part. I give permission to use DocuSign an online document for legal disclosure

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian if required:**

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

## Revoking Legal Consent:

**I understand that I may revoke my legal consent anytime I wish to do this by signing below**

**Sign name** \_\_\_\_\_ **Date:** \_\_\_\_\_