

Joseph P. Carlino, LCSW-R, CP

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Online and In Person
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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 and medical health. My signature is valid in both to and from directions.

To: _____

Joseph P. Carlino LCSW-R, CP 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 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/alcohol treatment if needed. Re-disclosure of this information to a party other than the one 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: _____

Revoking Legal Consent:

I understand that I may revoke my legal consent anytime by signing below.

Signature: _____ Date: _____