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PA LICENSE NO. CWO 13580

INFORMATION RELEASE AUTHORIZATION

I, _____, hereby authorize Mark Falango, LCSW, CSAT to review the information contained in my case record subject to the following conditions listed below:

The name of the person and/or organization with whom information is to be discussed/disclosed is:

Other (specific person or organization) _____

The specific type of information to be reviewed is:

- Information regarding assessment
- Information regarding treatment plan
- Information regarding level of care
- Information regarding authorized treatment
- Other (specify) _____

I understand that this consent is subject to revocation by me at any time except to the extent that Mark Falango, LCSW, CSAT has already taken action in reliance of this consent. If not previously revoked, the consent will terminate automatically:

Upon (fill in applicable date): _____

Other condition or event (specify): _____

Signature of client

Signature of witness to client

Date on which client signed this document