

# MARK FALANGO

⊕ ASSOCIATES

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## INFORMATION RELEASE AUTHORIZATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
of Mark Falango + Associates to:

\_\_\_\_\_ (send) \_\_\_\_\_ (receive) the following \_\_\_\_\_ (to) \_\_\_\_\_ (from):

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 + Associates 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

\_\_\_\_\_  
Signature of client's parent or guardian

\_\_\_\_\_  
Date on which client signed this document