

Solomon Counseling, LLC
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Baltimore, Maryland 21208
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COMPREHENSIVE CONSENT/ RELEASE OF INFORMATION FORM

Client Name: _____ Date of Birth: _____

I/We hereby authorize Mayer Solomon, LCSW-C, to: X send to X receive from:

_____ (name)
_____ (address)
_____ (phone/fax)

- X Dates of Contact and Admissions and Discharge Summaries
- X Inpatient and/or outpatient treatment records for physical and/or psychological, psychiatric or emotional illness, or drug or alcohol abuse
- X Psychological and educational evaluation(s) or testing records
- X Behavioral observations or checklists completed by any staff member or by the client
- X Psychiatric/Psychological evaluation, reports, or treatment notes and summaries
- X Social histories, diagnoses, prognoses, recommendations, and all similar documents
- X Academic and educational records, including Achievement testing
- _____ Other _____

I authorize this clinician to communicate by telephone or other means with you about the reasons for referral, any relevant history, or diagnoses, and to share other information to assist with the client's treatment and/or evaluation.

This authorization to release medical information is being made to aid in planning effective evaluation and treatment for this client. I understand that no services will be denied solely because I refuse to consent to this release of information, and that I am not obligated to release them. I do release them because I believe they are necessary to assist in the development of the best possible treatment plan for the client.

In consideration of this consent, I hereby release the above source of records from any and all liability arising there from. I understand that I may void this authorization, except for action already taken, at any time by means of a written letter revoking the authorization and transfer of information, but that this revocation is not retroactive. Unless expressly revoked earlier, this consent expires upon completion of the current treatment and/or one year from current date.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____