
Carol Weingold Zenilman, LCSW-C

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Consent for Release of Confidential Information

I, _____, authorize Carol Weingold Zenilman, LCSW-C to exchange information (this includes obtaining information from and releasing information to) with the following individuals or agencies: _____

For the purpose of _____

This release includes all necessary medical, education, social, psychological, psychiatric information that may be important in prognosis, diagnosis and treatment. I give Carol Weingold Zenilman, LCSW-C to have ongoing contact with the individuals or agencies listed above.

Information is usually exchanged via telephone or mail. On occasion information may be exchanged via fax. Please sign here if you give your permission to be exchanged via fax. I, _____ give permission for information to be exchanged via fax.

I understand that my records are protected under law and cannot be disclosed without my written consent except as otherwise provided by law. Further I understand that if my records involved alcohol or drug abuse that they are also protected under the federal regulation 42CFR part 2, Confidentiality of Alcohol and Drug Abuse Patient Records.

I further release Carol Weingold Zenilman, LCSW-C, from any liability arising from the release of this information to such persons/agencies, provided that said release of information is done substantially in accordance with applicable law. This authorization will remain in effect until I have revoked it, in writing and may be withdrawn at any time except to the extent that action has been taken in reliance to it. A photo-copy or facsimile of this release will be considered as valid as an original.

I have read carefully and understand the above statements and do herein expressly and voluntarily consent to disclosure of the above information and /or medical records including alcohol and drug abuse records to those persons/agencies named above. I also acknowledge that I have been given an opportunity to review this form and ask questions.

Please send information to Carol Weingold Zenilman, LCSW-C

Signature

Date

Witness

Date