

Neil Jhan Klatsky, LCSW-R, ACSW, BCD

*Board Certified Social Worker
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CONFIDENTIAL

INFORMED CONSENT FOR THE RELEASE OF INFORMATION

DATE:

Regarding: _____

I _____ give my permission to:
Parent/Guardian/Self (please circle one)

to exchange pertinent medical and psychological information (in writing or verbally) with:

Neil J. Klatsky, LCSW-R, ACSW, BCD

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Signature of Parent/Guardian/Self

Date

Neil Jhan Klatsky, LCSW-R, ACSW, BCD

Date

This authorization for the release of information shall expire one year from today's date unless otherwise noted. This release also includes the exchange of information through telephone conversations. This authorization to release medical information to you is being made in compliance with the terms of the Federal Privacy Act of 1974 (Public Law 93-579), the Freedom of Information Act of 1974 (Public Law 93-502), and the Confidentiality of Medical Information Act, and pursuant to Evidence Code 1158 (Inspection and Copying of Records upon Patient's Written Authorization). This form is to serve as both a general authorization, and special authorization to release medical information under the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act Amendments of 1974 (Public Law 93-282), the Veterans Omnibus Health Care Act of 1976 (Public Law 94-581), and the Veterans Benefit and Services Act of 1988 (Public Law 100-322). It is also in compliance with 42 CFR, Part 2 (Public Law 93-282) which prohibits further disclosure without the express written consent of the person to whom it pertains, or as otherwise permitted by such regulations. In consideration of this consent, I hereby release Neil Jhan Klatsky, LCSW-R, ACSW, BCD and the above named source of the information from any and all liability arising there from.