

Brighton Therapy Group
Ruth Friga, LCSW-R, ACSW Psychotherapy, P.C.
JoAnn McDermott, LCSW-R, ACSW Psychotherapy, P.C.
M & D Schwab, LCSW-R, ACSW Psychotherapy, P.C.
95 Allens Creek Rd, Executive Square, Building 2, Suite 16
Rochester, New York 14618

Consent For Release of Information

Consent

I hereby give permission for M & D Schwab, LCSW-R, ACSW Psychotherapy, P.C. , to ☐ release ☐ receives information about me. The contents of this consent have been discussed with me and my questions have been answered to my satisfaction. I understand that I have the right to withdraw my consent at any time except to the extent that requested information has already been provided. I understand that any information M & D Schwab, LCSW-R, ACSW Psychotherapy, P.C. receives from another agency/provider cannot be further released to another party. This exchange of information may occur with:

Agency/Primary Care Physician: _____

Address: _____

Phone: _____ Fax: _____

Expiration

THIS CONSENT WILL EXPIRE *(please check/note below)*

☐ Six months from signing ☐ One year from signing

Withdrawal

I hereby withdraw this consent effective: _____

Client/Guardian Signature: _____

Exceptions to Signed Consent Required by Regulatory Authority

Medical/Psychiatric Emergency

Adult/Child Protective

Risk of Harm to Self/Others

Properly Executed Court Order

**All events of exception to consent need to be documented in the progress notes*

Information Requested or to be Released

The following information is being requested
Or will be released unless noted below with
checkmark (✓)

☐ Intake/Screening Assess

☐ Discharge Summary

☐ Psychological Evaluation

☐ Psychiatric Evaluation

☐ Treatment Plan

☐ Medication Record

☐ Medical Hx/Lab Reports

☐ Other: _____

**Purpose of Information released or requested is for
Assessment and/or Treatment Planning, unless
otherwise stated.**

☐ Other: _____

Signature

Client's Name:(please print) _____ Date of Birth: _____

Client/Guardian Signature: _____

Witness Signature: _____

Date: _____

Return to the attention of: DAVID SCHWAB, LCSW-R
