## Marie E. Chece, MSW, LCSW

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RELEASE OF INFORMATION
If you do not understand the nature of the information to be released, please ask. This form should be completely filled in before you sign it.
I,AUTHORIZE Marie E. Chece, MSW, LCSW to release or (Name of Client or Parent/Guardian)
discuss information pertaining to my case with the following person or agency:
Name of Person, Drs. Office or Agency:
Phone:
Address:
• I understand that the release of information is limited to the party(s) named above and that it will not be passed on to anyone else or used for any other purpose other than that specified below.
• I understand that the release of information is in my best interest and/or my child's best interest and is not a required condition of treatment. The information to be disclosed includes the nature and extent of my mental healthcare, both current and past. It is to be used to assess my needs and aid in planning my treatment.
• I understand that the information to be released is confidential and protected from disclosure and that I have the right to cancel my permission to release information anytime before it is released. I understand that I may cancel authorization at any time by signing and dating the original of this authorization where indicated. I understand that cancellation does not affect prior action taken under this authorization.
I hereby authorize Marie E. Chece, MSW, LCSW to disclose the following information: (check those which relate)
Intake and Discharge SummariesEvaluationsEducational Notes
X
Digitature of Onetit / Incopolisible Larty / Larent of Augustan acting On Cheff 3 Denan Date

Printed Name: \_\_\_\_