

Kevin S Cameron, LCSW-C
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Release and/or Obtain Information

I, _____ authorize Kevin S Cameron,
First Name, Middle Initial, Last Name

LCSW-C to RELEASE/OBTAIN information concerning my treatment TO/FROM

Name, Address, Phone Number, Fax Number

Regarding the Following Information:

- | | |
|--|--|
| <input type="checkbox"/> Initial Interview | <input type="checkbox"/> Psycho-Social History |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Notes | <input type="checkbox"/> Disability Report/Forms |
| <input type="checkbox"/> Medical History | |
| <input type="checkbox"/> Laboratory Reports | |
| <input type="checkbox"/> Other (Please Specify): _____ | |

I would like this information forwarded because:

- It will contribute to a comprehensive treatment plan for me.
- It will provide information to my insurance company or third party payees as needed for billing.
- Other reasons (Please Specify): _____

I understand that my treatment records are protected under Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for by Regulations. I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it (e.g. probation, parole, court ordered, etc.). I also understand that this consent expires automatically at the completion of the disclosure unless specifically provided for by the following date, event or condition, which marks the expiration of consent:

_____	_____
Date, Event or Condition	Date Consent Initiated
_____	_____
Client Signature and Date	Witness Signature and Date

PROHIBITION OF REDISCLOSURES

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42CFR,Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical information is NOT sufficient for this purpose.