

Release of Information

Date: _____

Client Name: _____ DOB: _____

I hereby consent for information regarding the treatment and progress of the above client to be shared by any affiliate of Mary Jean Padalino, LLC to the parties listed below. All information shared is considered confidential. Therefore, parent and client permission is mandatory. This release of information form has no expiration date unless otherwise noted. You must give a written retraction of the right to share your information should you decide you no longer wish our affiliates to speak to the parties listed regarding your care. Your privacy is our number one priority. The affiliates of Mary Jean Padalino, LLC have permission to speak to the following parties regarding my care:

Name : _____ Name: _____

Address : _____ Address : _____

City : _____ City : _____

State : _____ Zip : _____ State : _____ Zip : _____

Phone : _____ Phone : _____

Fax : _____ Fax : _____

Parent Signature : _____ Date : _____

Client : _____ Date : _____

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