Jane Bisco, LCSW-C
5140 Celestial Way
Columbia, MD 21044
Phone: 410-428-6801
biscojane@gmail.com

Authorization and consent to share information

I, ________________________, hereby authorize Jane Bisco LCSW-C to release to, and receive from:

____
Name of person, agency, or facility

____
Address

____
City State Zip code

Relationship:

☐ Primary Care Provider ☐ Psychiatrist ☐ Other: ______________________________

Records pertaining to specific dates listed ________________________ to ___________________________

Note: Hospital and Medical Office records released as part of this authorization may contain references related to mental health, addiction, and HIV medical conditions.

Notice regarding release of alcohol and drug abuse records: this information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42.c.r Part 2) prohibit you from making any further disclosure of it without specific written request of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is NOT sufficient for this purpose.

I understand that I have the right to inspect and receive a copy of the information disclosed upon my request, and that I may revoke consent in any time of writing, except to the extent that action has been taken based on the authorization.

This disclosure can be used for the following purposes:

☐ Personal Use ☐ Legal ☐ Insurance ☐ Medical Treatment

☐ Medical Condition Verification ☐ Disability ☐ FMLA ☐ Workers' Compensation

Select the records to be released:

☐ Verbal Treatment Update ☐ Treatment Summary ☐ Discharge Summary ☐ Itemized Billing

☐ Copays & Deductibles ☐ End Consultation ☐ Complete Records

Media Type: ☐ Electronic ☐ Paper ($20 Fee)

Delivery Preference: ☐ Electronic ☐ Mail ☐ Pickup
Note: Delivery fees will be decided upon submission.

I understand that I may request and receive a photocopy of this authorization.

I understand that this authorization will expire one year from the date of consent unless is revoked in writing prior to that time.

Signature	Date	Witness Signature	Date