

CONSENT TO RELEASE OF CLIENT INFORMATION

I, _____ hereby acknowledge that my confidentiality is **NOT** assured in my communication with Sylvia K. Neal, LCSW, PLLC via email/internet. I do not hold Sylvia K. Neal, LCSW, PLLC, responsible for any breach of confidentiality that arises from using email/internet communication. Specification of the date, event, or condition upon which this consent expires:

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action had been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this condition expires automatically as described above. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Client/Guardian

Date

Witness/ Clinical Social Worker

**Sylvia K. Neal, LCSW, PLLC License # LCSW-10922
7360 N. La Cholla Blvd., Tucson, Arizona 85741
520-219-1992**

*** Confidential – contains Privileged Communication protected under A.R.S. 32-3283 and***

***Federal Confidentiality Rules (42 CFR Part 2 & 45 CFR Parts 160 & 164) – Unauthorized disclosure is prohibited**