



GREEK ORTHODOX ARCHDIOCESE OF AMERICA
GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, Inc.

CONSENT FOR RELEASE OF INFORMATION

DATE: _____

To be completed by Philoptochos Social Work Department:

TO: _____

FROM: Paulette Geanacopoulos, LMSW
Director, National Philoptochos Department of Social Work
126 East 37th Street, New York, NY 10016

Signature of person requesting information _____

SECTION TO BE COMPLETED BY CLIENT:

RE: Name of Client: _____
Date of Birth: _____
Social Security #: _____

I, _____ am a client of the Social Work Department of National Philoptochos, the philanthropic arm of the Greek Orthodox Archdiocese. I hereby authorize your release to National Philoptochos of all assistance and services provided to me by you/your organization, and/or other information as described below that is in my case record. I understand that the information to be released is confidential and protected from disclosure. I understand that I have the right to cancel my permission to release information either orally or in writing at any time before it is released. I understand that the information provided may not be re-disclosed without my consent or under other authorization. I further understand that my consent to release information will expire when acted upon, or 180 days from the date signed, whichever occurs first. (A photostatic, scanned or facsimile of this authorization shall be considered as valid as the original).

Date Signed: _____

Signature of Client: _____

Printed Name of Client: _____

WITNESSED BY:

Signature of Witness: _____

Printed Name of Witness: _____

If client is a minor or incapacitated,

Signature of Legal Representative: _____ Relationship _____

EXTENT OR NATURE OF INFORMATION BEING REQUESTED:

Medical, psychiatric information, history of alcohol or drug use or addiction, history of violence, including evaluation, diagnosis and dates of treatment, admission and discharge; outpatient services; medication(s) prescribed and length of time on such drugs; psychosocial history; psychological testing and course of treatment; legal history; social service information and history; entitlement/benefit information and history; financial assistance requested/provided.

PURPOSE OF REQUEST: To assist in the assessment of the client; to verify information provided by client; to assist in developing an effective and appropriate service plan.