

JAMES P. MAHONEY M.S.W., L.I.C.S.W.
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RELEASE OF INFORMATION

I, _____ Birth Date ___/___/___
hereby give permission to Jim Mahoney M.S.W. to talk to, receive information from and send
information to:

Name _____ Agency _____

Address _____

City / State / Zip _____

Re: myself and/or the following child(ren) of whom I am the parent or legal guardian:

_____ birth date: ___/___/___

_____ birth date: ___/___/___

_____ birth date: ___/___/___

I understand this information is essential to the continuity of care for myself and the above-names
individual(s). This information may be used for redisclosure for myself, other providers involved in
my care and others included in this release, and will otherwise be kept confidential and used for
professional purposed. This may include providing treatment reports to my insurance carrier, as well
as to the Department of Social and Health Services or other agencies if they are paying for my
services. The following kinds of information are authorized for release to and from Jim Mahoney
M.S.W.:

Presenting problem, Diagnosis, Treatment provided, Response to Treatment, Concerns and
Recommendations,

SPECIFIC AUTHORIZATIONS

I understand that my records may contain information regarding diagnosis or treatment for drug or
alcohol abuse. I give my specific authorization for these records to be released (per 42 CFR, Part 2). I
also understand that my records may contain information regarding testing, is, or treatment of HIV-
Aids, or of sexually transmitted diseases. I give my specific authorization for these records to be
released (per RC@ 70.24.105).

I hereby release Jim Mahoney M.S.W. from all legal responsibility that may arise from the release of
the medical information hereby authorized. I understand I may revoke and may change any or all parts
of this entire release at any time, unless action has already been take as a result of the release, by
notifying Jim Mahoney M.S. W. in writing. I understand this release ends automatically upon
termination of the chart.

CLIENT SIGNATURE: _____ DATE ___/___/___

If there is a fee for this service, please obtain prior approval from Jim Mahoney M.S.W.