

Jane C. Woodward, LICSW
2 Franklin St. Exeter, NH 03833
(603) 312-1206

Authorization to Release Information

Re: _____
dob _____

Address _____

I, _____ do give my permission for Jane C. Woodward,
LICSW, to exchange information with _____,
phone number _____,

address _____,
for the purpose of assessment and treatment planning.

I understand that redisclosure of this information is prohibited.

I understand that a separate release is required for information regarding substance use
treatment for minor clients, aged 12 to 18 years, which must be signed by the minor.

I understand that a separate release is required for information regarding reproductive
health issues for minor clients, aged 14 to 18 years, which must be signed by the minor.

This consent will expire in one year, on _____.

Client/Guardian Signature _____ Date _____

Witness _____ Date _____