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Authorization for Release of Information

I, _____, grant permission for Carolina Care and Counseling, Inc. to release and/or exchange information concerning _____ with:

This information will include:

- _____ General historical Information (social, educational, medical, occupational history)
- _____ Substance Use History
- _____ History of Mental Health Treatment Services
- _____ Psychological Testing and Interpretive Summary;
- _____ School Records and Testing Scores;
- _____ Agency summation of case notes/agency involvement, and evaluation/reports (specify agency: _____);
- _____ Verbal exchange of information between professional staff of both clinics/institutions/agencies and/or organizations;
- _____ Expert witness testimony, if deemed necessary by the court;
- _____ Other: _____

This Authorization is valid for no more than (1) year.

Client Signature

Date

Parent/Guardian

Witness