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Consent to Evaluation and Authorization for Release of Information

I, _____, consent to this evaluation and grant permission for Carolina Care and Counseling, Inc., to exchange the following information concerning _____ with:

The _____ County Department of Social Services

____ Presenting Concerns (reasons for this evaluation);

Historical Information:

____ Social History ____ Medical History ____ Occupational History
____ Educational History ____ Substance Use History ____ Other: _____
____ History of Mental Health Treatment _____

____ 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: _____

I understand that Carolina Care & Counseling, Inc. will issue a written report of my evaluation results to _____. I understand that _____ County Department of Social Services is paying Carolina Care & Counseling, Inc. for this evaluation. I understand that my evaluation report will become part of my records with the _____ County Department of Social Services and that requests for copies of my evaluation report should be directed to the _____ County Department of Social Services.

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

IN TESTIMONY WHEREOF, having read, designated the items, and understood this agreement, I have set my hand to seal this _____ day of _____, 20_____.

Client Signature

Date

Parent/Guardian

Witness