

Irene Ganginis, LCSW-C  
13 Horizon Court  
Derwood, MD 20855  
301-461-4400

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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I. I, \_\_\_\_\_, hereby authorize and request the release/exchange of information between the following parties:

Irene Ganginis, LCSW-C  
and

\_\_\_\_\_ name

\_\_\_\_\_ address and/or telephone number

II. The following information is covered by this release: \_\_\_\_\_

III. The purpose of this release/exchange is \_\_\_\_\_

III. I understand that I may revoke this authorization in writing at any time, except that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature.

\_\_\_\_\_ signature of patient

\_\_\_\_\_ date