Barbara Gronsky, Ph.D.

Delaware Valley Career Solutions LLC

333 North Oxford Valley Road, Suite 502
Fairless Hills, PA 19030
215-321-1331
barbara.gronsky@gmail.com

Release of Information & Consent Form

I, _____, hereby authorize the release and exchange of information specified below between:

_____

Name/Title or Organization Name (i.e., Psychiatrist, Therapist, Family Member)

_____

Phone/Fax

_____

and

Delaware Valley Career Solutions, LLC
333 North Oxford Valley Road, Suite 502
Fairless Hills, PA 19030
215-321-1331

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify: _____

This authorization for release of information is made with informed consent, and this consent is subject to revocation by written instructions of the undersigned at any time by sending notification to Delaware Valley Career Solutions in writing. However, a revocation is not valid to the extent that parties have acted in reliance on such authorization. The information is confidential and any redisclosure by the recipient is prohibited, unless expressly permitted by the client or someone authorized to act on his/her behalf.

_____

Client Name (Printed) Client Signature Date