

VANESSA MARCANTUONO, PH.D., LLC

PO Box 261, Oceanport, NJ 07757
(973)652-1324

NPI #: 1295185353
NJ LICENSE #: 35SI00411500
WWW.VANESSAMARCANTUONO.COM

Authorization for Release of Information

Name of Client: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Phone: _____

Name of Parent(s)/Legal Guardian(s) giving authorization on behalf of client, if applicable:

I, _____,

(client's name)

give Dr. Vanessa Marcantuono authorization to release information about my treatment with her to the following individual(s)/entities:

Name of person/entity to whom information may be shared:

Their telephone #: _____

Their address: _____

This authorization will expire in 1 year from today's date, or if I rescind this authorization in writing at any time prior to that date.

(Signature of client/parent/legal guardian)

(Date)
