



GREEK ORTHODOX ARCHDIOCESE OF AMERICA
GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
NATIONAL OFFICE - DEPARTMENT OF SOCIAL WORK
7 WEST 55TH STREET, 7TH FLOOR, NY, NY 10019
T (212) 977-7770 • F (212) 977-7784 • socialwork@philoptochos.org

CONSENT FOR RELEASE OF INFORMATION

DATE: _____

FROM: NATIONAL PHILOPTOCHOS

Department of Social Work
7 West 55th Street, 7th Fl, NY, NY 10019

ATT: **Paulette Geanacopoulos, LMSW**
Department of Social Work
Social Work Direct Line: 212.977.7782

Signature of Person Requesting Information: _____

TO: _____

RE: **Name of Client:** _____

Date of Birth: _____

Social Security #: _____

I, _____ am a client of the Social Work Department of National Philoptochos, the philanthropic arm of the Greek Orthodox Archdiocese. I hereby authorize your release, to the National Philoptochos, of all assistance and services provided me by you/your organization, and/or other information as described below that is in my case record. I understand that the information to be released is confidential and protected from disclosure. I understand that I have the right to cancel my permission to release information at any time before it is released. I further understand that my consent to release information will expire when acted upon, or 180 days from the date signed, whichever occurs first. (A photostatic or scanned or facsimile of this authorization shall be considered as valid as the original).

Signature of Client: _____

Name of Client: _____

Signature of Witness: _____

Printed Name of Witness: _____

EXTENT OR NATURE OF INFORMATION BEING REQUESTED:

Medical or psychiatric information, including evaluation, diagnosis and dates of admission and discharge; outpatient services; medication(s) prescribed and length of time on such drugs; psychosocial history; psychological testing and course of treatment; legal history; social service information and history; entitlement/benefit information and history; financial assistance requested/provided.

PURPOSE OF REQUEST:

To assist in the assessment of the client and verify information provided by client; to assist in developing an effective and appropriate service plan.