



**ONLY TELEHEALTH**  
9040 Town Center Parkway,  
Lakewood Ranch, FL 34202  
(845) 364-9226, Fax: (845) 512-5244  
[claudia@vicalex.net](mailto:claudia@vicalex.net)  
<https://vicalexbehavioralhealth.com/>

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## Consent to Disclosure of Information and Records

I, \_\_\_\_\_ Date of Birth \_\_\_\_\_, hereby  
authorize **Claudia Olave-Guillermo, MA, MSSW, LCSW-R**, to release my immigration assessment report.

This information is to be given to: \_\_\_\_\_

**(Lawyer and phone number)**

for the following purpose, use, or need:

- Provision of information to other professionals
- Other

The following information will be disclosed:

- General Protected Health Information (PHI) (Demographic data, dates of service, diagnosis, psychological evaluation, treatment plan, global assessment of treatment progress)
- Verbal Exchange of PHI

I understand that I may withdraw this authorization at any time. Revocation of this authorization will not affect any information already released. I, at this moment, certify that I am 18 years of age or older.

Unless this form is previously revoked in writing, this release of information will remain in force until treatment is terminated.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date