

**LOURDES ORTIZ, LCSW-R**  
**Licensed Clinical Social Worker, License # 070018-1**  
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**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize, Lourdes Ortiz, LCSW-R, to release information (including verbal and written contact) to, and receive information (including verbal and written contact) from:

Name of person(s) and/or organization(s) to which disclosure is authorized:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent will remain effective for a period of: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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