

**Elizabeth G. Lerner, L.C.S.W.**

800 Village Square Crossing Suite 218 · Palm Beach Gardens, Florida 33410 · (561) 758-3795

[elizabethglernerlcsw@comcast.net](mailto:elizabethglernerlcsw@comcast.net)

**RELEASE OF INFORMATION**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize Elizabeth G. Lerner, L.C.S.W. to release or obtain general medical and/or psychiatric/psychological information from my health records in accordance with Florida Statutes 294.459 (9) b and/or 90.503 to :

1. An individual(s) \_\_\_\_\_

Name and Title

2. Agency/School/Individual \_\_\_\_\_

\_\_\_\_\_

Name and Title

Signature \_\_\_\_\_

Witness \_\_\_\_\_