

AUTHORIZATION FOR RELEASE OF INFORMATION

***One form is to be completed for each individual disclosure. *This form is not valid unless the entire form is completed when signed.**

I, _____ hereby authorize the disclosure of information from my record.

The information is to be RELEASED FROM:

Name (of person/organization/facility): _____

Address: _____

City/State: _____

The information is to be PROVIDED TO:

Name (of person/organization/facility): _____

Address: _____

City/State: _____

The purpose or need for this disclosure is: _____

The information to be released is: (check and complete one only)

The entire record

Only information related to: _____

Only the period of events: from: _____ to: _____

I understand that this authorization is valid only for the intents and purposes stated above. I have the right to revoke this authorization unless the information has already been released.

Signature: _____ Date: _____

Advocate Signature: _____ Date: _____