

CONSENT FOR RELEASE OF INFORMATION	<i>Patient's Name</i> <div style="display: flex; justify-content: space-between;"> <i>Social Security Number</i> <i>Date of Birth</i> </div> <i>Facility Name</i>										
PART I – CONSENT TO RELEASE INFORMATION											
Extent or Nature of Information to be Disclosed											
Purpose or Need for Information											
FROM: <i>Name, Address and Title of Person/ Organization/Facility/Program Disclosing Information</i>			TO: <i>Name, Address and Title of Person/Organization/Facility/Program to Which Disclosure is to be Made</i>								
<p>A. I Hereby Authorize the One-time Release of the Above Information to the Person/Organization/Facility/Program Identified Above. I understand that the Information to be Released is Confidential and Protected from Disclosure. I also Understand that I Have the Right to Cancel My Permission to Release Information at any Time.</p> <p style="text-align: center;">My Consent to Release Information Will Expire When Acted Upon, or 90 Days From This Date, Whichever Occurs First</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 60px; vertical-align: bottom;"><i>Signature of Patient/Person Acting for Patient</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Relationship</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Date Signed</i></td> <td style="width: 33%; height: 60px; vertical-align: bottom;"><i>Signature of Witness</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Title</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Date Signed</i></td> </tr> </table>						<i>Signature of Patient/Person Acting for Patient</i>	<i>Relationship</i>	<i>Date Signed</i>	<i>Signature of Witness</i>	<i>Title</i>	<i>Date Signed</i>
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<p>B. I Hereby Authorize the Periodic Release of the Above Information to the Person/Organization/Facility/Program Identified Above as Often as Necessary to Plan For/Provide Care and Treatment. I Understand that the Information to be Released is Confidential and Protected from Disclosure. I also Understand that I Have the Right to Cancel My Permission to Release Information at any Time.</p> <p style="text-align: center;">My Consent to Release Information to the Person/Organization/Facility/Program Identified Above Will Expire When I am No Longer Receiving Services from such Person/Organization/Facility/Program, or One Year from this Date, Whichever First Occurs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 60px; vertical-align: bottom;"><i>Signature of Patient/Person Acting for Patient</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Relationship</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Date Signed</i></td> <td style="width: 33%; height: 60px; vertical-align: bottom;"><i>Signature of Witness</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Title</i></td> <td style="width: 10%; height: 60px; vertical-align: bottom;"><i>Date Signed</i></td> </tr> </table>						<i>Signature of Patient/Person Acting for Patient</i>	<i>Relationship</i>	<i>Date Signed</i>	<i>Signature of Witness</i>	<i>Title</i>	<i>Date Signed</i>
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Record of Information Released											
<i>Signature of Staff Person Releasing Information</i>				<i>Title</i>	<i>Date Released</i>						

