



RELEASE OF INFORMATION

I, _____ authorize _____ to
release/obtain the following information

To

For the purpose of _____

This release expires on _____

This consent is subject to revocation at any time, except that said revocation shall have no effect with respect to information which has already been released in reliance upon this consent.

Patient Signature/Date

Witness Signature/Date

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulation (42CFR part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is NOT sufficient for this purpose.