



AUTHORIZATION OF RELEASE OF INFORMATION

I (please print)

Authorize (name of person)

To release the following information:

To (name and title of person of organization to which disclosure is to be made):

For the following purposes:

I may revoke this authorization in writing at any time, except for information, which has already been released in accordance with this authorization prior to my revocation.

Signature: _____ Date: _____

Witness: _____ Date: _____

Prohibition on disclosure

This information has been disclosed to you from records whose confidentiality is

protected by Federal Law. Federal Regulations (ADA) prohibits you from making any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general Authorization for the release of medical or other information is not sufficient for this purpose.