**Information Release Authorization**

 **I, ,** hereby give permission to:

Lauren C. Going, to release from my records or communicate the following information:

The information is to be released to:

(Relationship to client):

The purpose or need for such disclosure is:

This information may be given (indicate frequency):

The consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon, and will otherwise expire on:

NOTICE TO RECIPIENT OF INFORMATION:

This information has been disclosed to you from records who’s confidentiality is protected by federal law. Federal Regulation (42 CFR- 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 the release of medic1al or other information is NOT sufficient for this purpose.

Signature of Patient Date

Witness Date