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RELEASE OF INFORMATION

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(Client name)	, \$\$#	, [DOB	./,	/	
TO FROM	the following organization/indiv	vidual:				
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The information w	rill be used for the following purp	oose(s)				
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Yes No Yes No	Treatment for substance abuse, excluding progress/session notes. Mental/behavioral health records excluding progress/session notes.					
been taken in reli	this consent may be revoked at ance hereon. If not revoked so Iso understand that I have the ri deemed that such disclosure is	oner in writing, ight to examine	, this cons e and cop	ent will	expire on _	/
Patient Signature		Date	_ / e	/		
Guardian/Legal R		<u>Dat</u>	_/ <i>/</i> e	/		
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