

RECORDS RELEASE

Client Name: _____

Address: _____

SS#: _____

D.O.I.: _____

Name of Insured (if applicable): _____

Claim/Policy #: _____

I, _____ authorize _____

to release chart notes/case records concerning my illness and or treatment during the period

_____ to _____; to be sent to the following person or company:

Signature: _____ Date: _____

Witness: _____ Date: _____