

Authorization to Exchange, Obtain or Release Information

Client Name: _____

I _____ (client or family member) hereby grant *Life Skills Advocate, LLC* permission to communicate with the following person or agency:

Name: _____

Phone #: _____

Email Address #: _____

Information to Be Released:

Client progress records & data

For the Purpose Of: (check all that apply)

Coordinating care with other professionals

Providing continuity of services

Other _____

I grant permission to exchange information via written and mailed report, phone call, meeting, email or fax.

I understand that unless revoked, this authorization will remain valid until written revocation of this authorization is presented.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client