

## 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, and I further grant the person or agency identified below permission to share the records identified below with Life Skills Advocate, LLC:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address #: \_\_\_\_\_

### Information to Be Released:

- Client progress records & data
- Other \_\_\_\_\_

### 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