

DLT COACHING

Authorization for Release of Information

Name: _____ DOB: _____

(If under 18) Parent/Guardian Name: _____

I authorize information about my treatment to be shared between the following parties:

DLT Coaching, LLC
1448 Thames Court
Myrtle Beach, SC
303-868—0772

and

Individuals or Treatment Program	Address	Phone#
----------------------------------	---------	--------

1) _____

2) _____

Including records of:

Alcohol/Drug Treatment

Other, as listed _____

Mental Health Services

Psychiatric History and Treatment

Medical History and Treatment

I agree that the individuals and programs listed above may share information about me, and my circumstances.

Yes

No

This permission is good for two years. I can cancel this at any time, but I understand that the cancellation will not affect any information already released before the cancellation. I understand that information about my case is confidential. I approve release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Signature

Date

(If under 18) Parent/Guardian:

Signature

Relationship to Participant

Date