

Synapse House, Inc
Release of Information Authorization Form 2.07.03C

Name: _____

Date of Request: _____

I, and/or my legal guardian, authorize the release of information to Synapse House, 561 N York St., Elmhurst, IL 60126:

for the purpose of: _____

List information and/or documents to be released: _____

I, and/or my legal guardian acknowledge that by signing this form that the specified information to be released is confidential and protected by Federal and State law. This signed release waives their rights under these laws. This consent to disclose may be revoked by the above stated person at any time except to the extent that action has already been taken to release the information. I, and/or my legal guardian, understand that this consent is valid for one year from date of signing unless written withdrawal of consent is provided.

Person Served or Guardian Signature

Date

Disclosure

This information has been disclosed to the recipient is considered confidential and protected by Federal law. Synapse House cannot guarantee that the recipient receiving the requested information will not disclose it to others. However, Federal regulations prohibit the recipient from making any further disclosure.

The information was released by:

Associate Signature

Date