

Synapse House, Inc
Form 20.09 - Release of Information Authorization

Name: _____ Date of Request: _____

Records Requested from: _____

I, and/or my legal guardian, authorize the release of information to:

Synapse House, 561 N York St., Elmhurst, IL 60126

Attn: Deborah Giesler, Executive Director, deborah@synapsehouse.org

Telephone: 877-932-1120 Fax: 813-400-1501

List information and/or documents to be released: _____

For the purpose of: _____

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