

INSIGHTFUL PATHWAYS LLC

354 Jefferson Avenue
New London, CT 06320
(860) 879-4060

Authorization for Release of Information:

Name: _____ Date of Birth: _____

I hereby request and authorize: Insightful Pathways LLC, 354 Jefferson Ave, New London, CT 06340
PH: (860) 879-4060 FX: (401) 596-3289

To disclose or obtain information from: Name: _____

Address: _____

Phone: _____ FAX: _____

The following type(s) of information from my records (and any specific portion thereof):

History and Physical Alcohol & Drug Abuse Treatment Records Lab Reports
 Psychological Reports Other

For the purpose of _____

All information I hereby authorize to be obtain from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

Ninety (90) days unless I specify an earlier expiration date here: _____

One (1) year

The period necessary to complete all transactions on account related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

Resident Signature _____ Date

Witness/Title Signature Parents/Authorization Representative Signature

Date _____