

Stepping Stones of Atlanta Recovery Residences

www.SteppingStonesofAtl.com

AUTHORIZATION FOR RELEASE TO COMMUNICATE

IF YOU WANT US TO SEND YOUR ATTORNEY OR P.O. ANYTHING, YOU MUST FILL THEIR INFORMATION OUT COMPLETELY! ALSO, IT MUST BE CURRENT, WE WILL NOT ACCEPT ANY VERBAL OR EMAILED UPDATES. ALSO MUST PUT EMERGENCY CONTACT BELOW.

NAME OF RESIDENT _____

I hereby request and authorize STEPPING STONES OF ATLANTA., and its representatives to disclose information to, and discuss my participation in STEPPING STONES OF ATLANTA with the following people:

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Relationship: _____ Email: _____

By signing below, I understand that in the event of an emergency or a relapse (which is a life-threatening emergency, I give Stepping Stones permission to notify ANYONE associated with me, whose contact information they can obtain.

Signature of Resident

Date

Witness Signature

