Huntingdon Valley Wellness, LLC
Authorization for Release of Information

I authorize Huntingdon Valley Wellness, LLC to release:

- Identifying information
- Insurance information
- Diagnostic codes
- Dates of services
- Anything else related to billing purposes only

About _____ to
(Client's name)

Enable Healthcare Inc.
100 Eagle Rock Avenue Suite 304
East Hanover, NJ 07936
(p) 973-500-6689

Aynovations (subsidiary of Enable Healthcare Inc.)
Aamir Afzal
1707 Lisa Court
Hatfield, PA 19440
(p)267-261-8493

for the purpose of

- Medical Billing & Insurance Claims

This consent is valid until _____

I understand that I may revoke this consent at any time and that the above-named person authorized to receive this information has the right to inspect and copy the information to be disclosed.

It has been explained to me that if I refuse to consent to the release of information, the following are the consequences (specify, if any):

_____

_____	_____
(Signature)	(Witness)
_____	_____
(Date)	(Date)