

Authorization for Release of Information

I authorize The Sunrise Center for 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)

T.S. Parker, CPA
Address: 10900 Nuckols Rd ste 205, Glen Allen, VA 23060
Phone: (804) 256-0795
www.tsparkecpa.com

for the purpose of

- Bookkeeping
- CPA services

This consent is valid until _____

I understand that I may revoke this consent at any time, in writing with date and witness, 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)