

**The Sunrise Center for Wellness LLC**  
Authorization for Release of Information

I authorize The Sunrise Center for Wellness LLC, or any of its employees, to release

\_\_\_\_\_ (State specific nature of information to be disclosed)

about \_\_\_\_\_ to  
(Client's name)

\_\_\_\_\_ (Receiving person and institution/agency/organization)

\_\_\_\_\_ (Address)

for the purpose of: \_\_\_\_\_

\_\_\_\_\_ This consent is valid until \_\_\_\_\_

I understand that I may revoke this consent, **in writing**, at any time. I understand 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)