Sobriety Hub
Automate your sober living

3. Authorization to Release Information

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First Name *

Last Name *

Date of Birth *

05/16 /2026, 12 :30 PM

I hereby request and authorize:

The Damascus Road Foundation
120 Lange Dr
Troy, MI, 48098
Phone: (248) 808-0286

To disclose to or obtain information from:

Name of your treatment center, IOP, or OP provider

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

Select an option

For the purpose of sharing discharge information, treatment plans, and drug test results.

Initials

All information I hereby authorize to be obtained 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 the duration of my stay with The Damascus Road Foundation.

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.

Date

Month * Day * Year *

Month Day

Signature *

Clear

Sign above

Previous Submit

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