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An Association of Independent Practitioners

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**AUTHORIZATION TO RELEASE INFORMATION**

As an employee or contractor of Susan Weltner-Brunton, Ph.D. & Associates, Inc.

\_\_\_\_\_ is hereby granted permission to:

- \_\_\_\_\_ release information
- \_\_\_\_\_ exchange information
- \_\_\_\_\_ obtain information

to/with/from \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

regarding \_\_\_\_\_ D.O.B. \_\_\_\_\_

Information to be released is: \_\_\_\_\_  
\_\_\_\_\_

The purpose of this disclosure is for:

- \_\_\_\_\_ continuity of care
- \_\_\_\_\_ assistance in evaluation & treatment
- \_\_\_\_\_ other (specify)

This consent to disclose may be revoked in writing at any time except for information that has already been released in accordance with this authorization. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient. This consent expires upon the termination of treatment.

I, the undersigned, hereby acknowledge that I have read and understood this authorization and understand the nature of this release.

\_\_\_\_\_ Date \_\_\_\_\_

Relationship to Client \_\_\_\_\_ Witness (if present) \_\_\_\_\_