



### Release of Information

I, \_\_\_\_\_  
(Name) (Address) (Date of Birth)

do hereby authorize THEdetour to exchange information to the individual(s) or organization(s) listed below:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Only information that is relevant to the treatment will be shared or for continuity of treatment during and after services have ended. This release of information is good for 1 year from the date you sign below unless otherwise revoked by you during treatment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Office Use Only Below

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