



AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

I, _____ hereby authorize the disclosure of records and information regarding:

CLIENT NAME: _____ **TELEPHONE:** _____

CLIENT ADDRESS: _____ **DATE OF BIRTH:** _____

I understand this is a two-way release and/or re-release of information between the persons or organizations listed below.

Between: NAME OF PROVIDER(S)

And: MCR GLOBAL, Inc

The disclosure of the following specific information is authorized: (mark all that apply)

- | | |
|-----------------------------------|--|
| History and Physical Exam | Treatment and recommendations |
| Other Medical Evaluation | Current Prescriptions List of Medications, |
| Diagnostic Test Results | Dosages and Frequency of Use |
| Lab Data (x-ray and laboratory) | Other Agencies Records |
| Psychosocial History | Alcohol and Drug Abuse Reports |
| Physician Orders | Other (specify) _____ |
| Services Rendered | |
| Recent Hospital Discharge Summary | |

This information may be released for the purpose of transmittal of information to **first responders** in the event of an emergency. This authorization shall expire when no longer necessary to effectuate the purpose for which it is given.

Signature of Client

Date

Signature of Parent or Guardian

Date

NOTE: This consent is subject to revocation at any time by me in writing, except to the extent that action has been taken in reliance thereon.

“This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (43CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”

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