

AUTHORIZATION TO RELEASE INFORMATION

ED PATTON, LLC – LMFT, Doctor of Marriage & Family Therapy
1530 Greenview Dr SW, Suite 115
Rochester, MN 55902

- Psychiatric Psychological Addiction treatment Medical
 All Records Psychiatric Evaluation Psychological assessment
 School Records Chemical Health Assessment Telephone consultation

Purpose of disclosure: Continuity of care [] _____

I understand that my records may be protected under the federal regulation governing confidentiality of alcohol and Drug Abuse Client Records, 42 CFR Part. 2, and cannot be disclosed without my written consent unless otherwise provided for in regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

I _____ (client) hereby authorize **Ed Patton, DMFT, LMFT**

- To Exchange with To Obtain from To Release to

Name: _____

Agency: _____

Address: _____

Phone: _____

the information checked above.

Date: _____ Signature _____

Witness _____