

**AUTHORIZATION FOR RELEASE
OF INFORMATION**



I, _____, hereby authorize

Name Address Phone

and Mind Trove, LLC to provide, obtain, and exchange the following information:

_____ Psychological Reports

_____ Progress Notes

_____ Diagnosis

_____ Medical History & Medication Information

_____ Billing Related Information

_____ Other:

I am therefore waiving my right to confidentiality as it pertains to the above information exchanged with the listed individual and/or organization.

Name Signature Date

Witness Signature Date