

ALTERNATIVE PATHS, INC.

246 Northland Drive, Suite 200A

Medina, OH 44256

- To the client:
1. Be sure all lines are completed before you sign the form.
 2. Be sure the release is in your best interest.

209-AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

FROM THE RECORDS OF:	
NAME: _____	DATE: _____
DATE OF BIRTH: _____	SOCIAL SECURITY NO.: _____

I AUTHORIZE ALTERNATIVE PATHS, INC., TO: RELEASE TO
 OBTAIN FROM

Facility/Individual: _____

Address: _____

I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION :

- | | |
|---|--|
| <input type="checkbox"/> Diagnosis/Tx dates | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Tx Plans | <input type="checkbox"/> Other _____ |

Release format: Verbal Written

PURPOSE OR NEED FOR INFORMATION: _____

DATE AUTHORIZATION EXPIRES: _____
(Date or specific action)

This Authorization can be revoked at any time prior to this date or action by providing written notice to Alternative Paths, Inc. I understand that any information released prior to revocation can not be retrieved and Alternative Paths, Inc. will not be held responsible for such. I hereby release Alternative Paths, Inc from all legal responsibilities or liability that may arise from this act.

Client Signature Date

Witness Signature Date

Legal Guardian Date Relationship

Redisclosure of this information is prohibited without the written consent of the person to whom it pertains. This authorization from is intended to be in conformance with applicable Federal and/or Ohio State laws.