

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

TO: _____

I hereby authorize you to release to Interfaith of Natrona County, Inc. (“Interfaith”) any and all information that “Interfaith” staff may request. This is a general authorization which allows, and directs you to release information, documents, medical or psychological records or anything else that may be requested of you by Interfaith. I herewith waive all confidentiality claims I may have associated with the information or records in your custody.

Further, because I am seeking assistance of one type or another from Interfaith, I realize that the Interfaith staff will need to share information about me with others and I hereby authorize any and all such disclosure of information about me by the Interfaith staff. I hereby waive any claim or right to confidentiality or privacy that I may have regarding such disclosure of information about me.

I understand that the information released to Interfaith, as well as any information about me disclosed to others by Interfaith, will no longer be protected by federal privacy regulations or any other laws. Interfaith may send this Authorization to any entity or person after I sign, as determined in the sole and absolute discretion of Interfaith.

A copy of this release is as valid as the original.

Name: _____

(Please print full name)

Date of Birth: _____

Social Security #: _____

Signature: _____

Today's Date: _____

THIS RELEASE SHALL REMAIN VALID FOR THIS CALENDAR YEAR