

# Serenity Bridge Release of Information

**Full Name :** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby consent and authorize "Serenity Bridge" Sober Living to release and obtain information and records protected by Federal Confidentiality Rules (42 CFR Part 2) to the following persons and entities:

Name of person/entity: _____ Telephone #: _____ Email: _____	Name of person/entity: _____ Telephone #: _____ Email: _____
Name of person/entity: _____ Telephone #: _____ Email: _____	Name of person/entity: _____ Telephone #: _____ Email: _____
Name of person/entity: _____ Telephone #: _____ Email: _____	Name of person/entity: _____ Telephone #: _____ Email: _____

Information to be disclosed includes the following items:

- Proof of residence
- Discharge summary
- Progress notes
- Any other addiction records
- Urinalysis Results
- Other: \_\_\_\_\_

By signing below I understand this release and give my authorization; I also understand that I may revoke this authorization at any time.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***ONLY COMPLETE THIS SECTION IF YOU WISH TO REVOKE AUTHORIZATION***

I revoke this authorization on (mm/dd/yyyy) \_\_\_\_\_.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_