



101 Timberlachen Circle
Suite 201
Lake Mary, FL 32746

Authorization to Release Information

I hereby consent to and authorize Life United, LLC. to release pertinent information, _____

(state specific nature of information to be disclosed)
in verbal and/or written form, regarding _____
(Name of Person)
to _____ for the purpose of _____
(Person or Agency)

_____.

Authorization to Request Information

I hereby authorize _____
(Person or Agency)
to release pertinent information, _____
(state specific nature of information to be disclosed)

in written and/or verbal form, regarding _____
(Name of Person)
to Life United, LLC., Attention: _____
(Name of Therapist)
for the purpose of _____

_____.

The person or agency to whom information is disclosed may not re-disclose this information unless I specifically consent to such re-disclosure. This consent is valid until _____.
I understand that I have the right to revoke this consent at any time. It has been explained to me that refusal to consent to disclosure of this information will result in: _____
_____.

Signed: _____ Date _____
(Self)
_____ Date _____
(Parent/Guardian)
_____ Date _____
(Parent/Guardian)
Witness: _____ Date _____