A.C.F. Assisting Changing Families LLC

Release of Information

I hereby authorize _____to disclose/discuss my individual information regarding my case history/progress/plan/recommendations.

I understand that this authorization is voluntary, and I may refuse to sign this authorization.

I understand that this authorization will expire 180 days from the date of signature or at the date specified here. ( )

I further understand that I may revoke this authorization at any time by notifying, in writing, A.C.F. where this authorization is being signed.

I also understand the revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any releases made prior to the receipt of the written revocation.

Name:

Address/phone number:

Date:

Signature: