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RELEASE OF INFORMATION (ROI)

I consent to the verbal and/or written disclosure and exchange of the following information to _____ for the purpose

of_____

_ diagnostic assessment
_ treatment plan
_ crisis plan
_ other _____.

This release is binding beginning on the following date _____ and ending on _____, or in 90 days from the beginning date or whichever comes sooner. It is within my rights to terminate this release at any time.

_____ _____ _____
Client Signature Date

_____ _____ _____
Parent/Guardian Signature Date