# RELEASE OF INFORMATION FORM

**By signing this form, I, _____ am giving**
First Name Middle Last
**informed consent and hereby authorize the release of client information and approve two way communication between Enhanced Horizons and the persons and/or organizations listed below:**

_____ Phone:_____
Enter Name of Referring Organization

_____ Phone:_____
Enter Name of Person Making the Referral

Email:_____ _____

_____ Phone: _____
Name of any other person/organization (if needed)

Email:_____

**These individuals/entities may disclose records and information concerning:**

Applicant Name: _____ _____ _____
First Middle Last

Applicant Social Security Number:_____ DOB: _____

**For the purpose of determining eligibility for Enhanced Horizons services.**

**This informed consent may be revoked by the person giving authorization by signing and dating a revocation statement or through written notice of revocation duly served upon Enhanced Horizons. This consent to disclosure, unless revoked sooner, will expire 6 months from the date of signature.**

**Also, by signing below, the person giving authorization for release of information acknowledges that they understand the meaning of "Informed Consent".**

**Applicant's Signature:_____ Date:_____**

**Staff or Witness Signature: _____ Date:_____**

***APPLICANT: Please return this signed release with your Enhanced Horizons application form. If you have any questions about the form, please call (830) 367-4330 / 5668/***

**A COPY OF THIS AUTHORIZATION IS AS VALID AS AN ORIGINAL.**