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Fort Freedom Authorization to Release Information

CONFIDENTIALITY POLICY

Fort Freedom, Inc. maintains a strict confidentiality policy. All personal information, notes, reports, transcripts, and documentation of any kind generated or received during the course of any program shall be kept confidential by Fort Freedom, Inc. and those acting under their authority. Fort Freedom, Inc. will not release any confidential information or material to any third party without the express written consent of the client.

CLIENT INFORMATION

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

INDIVIDUAL(S) LIST

Name	Relationship

Fort Freedom, Inc. may release the foregoing individual(s) any of the following information:

Any information requested

Information specific to program progress

I hereby authorize Fort Freedom, Inc. to release the information indicated above to the individual(s) listed. I understand that an authorization to release information will remain valid until such time as I request revocation of the authorization.

Signature

Date