



## RELEASE OF INFORMATION

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize the exchange of confidential information between ElderCare Resources, Inc., and

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recognize that the information disclosed may contain information that is protected by federal and state law, and I specifically consent to disclosure of such relating to drug and alcohol information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature