

RELEASE OF CONFIDENTIAL INFORMATION

Date:

I, the undersigned, grant permission for

to release and share information jointly with Dr. Edward Schmitt of JPS regarding:

Name of Patient

Birth Date

Address

Name(s) of Parent(s) or Legal Guardian(s)

Address if other than above

Description of information to be released: Diagnosis, course and treatment:

To be used for the following purpose and time period: One Calendar Year.

To be released according to subsection S.a.b of Section 748, Public Act 258, or other:

Signed:

Relationship to Patient:

Witness:

Date:

Released to:

Released by: