

I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN IN RELIANCE ON IT AND THAT, IN ANY EVENT, THIS AUTHORIZATION EXPIRES AUTOMATICALLY NINETY (90) DAYS FROM THE DATE OF SIGNATURE OR AS OTHERWISE SPECIFIED.

SIGNATURE: _____ Relationship to patient: _____

DATE: _____

PROHIBITION ON REDISCLOSURE: THIS INFORMATION IS BEING DISCLOSED TO YOU FROM CONFIDENTIAL RECORDS.
YOU ARE PROHIBITED FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION.