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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____, hereby authorize Janet M. Hack Psy.D. and _____ to release all confidential medical, psychological, educational, or other appropriate information acquired in the course of evaluations and treatments of _____ to each other for the purpose of _____

I understand that I may revoke this consent at any time by informing the above parties in writing.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Signature _____ Date _____

Signature _____ Date _____