

(ROI) Consent for Release of Protected Health Information

I hereby authorize Emuna Builders/Strides To Solutions and its affiliates (collectively "Facility") to disclose the information described below to:

Name to whom we can Release Information to

Relationship to above name

Address of where to release information to

Phone # and/or email of where to release information to

I authorize release and exchange of the following medical information to the person/entity named above please initial next to the choice below.)

ALL records regarding my treatment and care.

Initial Assessment, Diagnosis , Treatment Plan and Discharge Summary

Attendance Records

Billing/Financial/Insurance Records

Other (Please specify) _____

The purpose or need for the exchange and disclosure of this information is:

At the request of the patient or personal representative

Other (specify below)

The information will be transmitted in the following fashion:

Written

Verbal

Audio

Video

Electronic

All of the above

This consent is subject to revocation at any time by notifying the Administrator in writing (email: info@stridestosolutions.com) except to the extent that the Facility has already taken action in reliance on it. If not previously revoked, this consent expires automatically three years from the date of signature below.

Signature of Client

Date

Parent's Signature if Client is a minor

Date