

AUTHORIZATION FORM

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I authorize McClure, Mallory & Baron to release and/or receive the following:

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| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Assessment Scores | <input type="checkbox"/> Hospital Discharge Summaries | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assessment Reports | <input type="checkbox"/> Clinical Updates | |

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| <input type="checkbox"/> At the request of the individual | <input type="checkbox"/> Assessment |
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From (Person/Organization making disclosure):

To include, but, not limited to (Person/Organization receiving disclosure):

This authorization shall remain in effect until five (5) years from this date.

I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification of that revocation to McClure, Mallory & Baron's office address. I also understand that my revocation or modification will not be effective until McClure, Mallory & Baron receives it and I understand that I cannot do anything about information already used or disclosed under this authorization.

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