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Release of Information

I,, hereby authorize the exchange of in between Radka Chapin and the following party:	formation
Name:	_
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l authorize the following information to be exchanged: ☐ general diagnostic information ☐ clinical findings ☐ attendance ☐ general health information ☐ for emergency purposes ☐ for insurance purposes ☐ coordination of care ☐ other (specify)	
This authorization is valid for the course of the treatment and may be revo any time per my request.	ked or altered a
Signature Date	