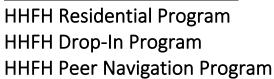
RELEASE OF INFORMATION





As part of my application process for any of the programs at His House for Her,, hereby authorize any of the entities specified	
liability, information regarding my physical, mental health, and psychiatric med history, history of treatment for substance use, employment, income, and/or company of the chitics speciment.	ical history, substance use
I understand that this authorization can only be used to obtain information about eligibility for the programs at His House for Her, Inc. Pertinent information include health medical history, substance use history, history of treatment for substance required program fees.	udes my physical and mental
The following groups or individuals will be contacted as deemed necessary. The be contacted include, but are not limited to:	e groups or individuals that may
 Any and all Physicians Any and all Treatment and Recovery Centers Any and all Treatment Providers, Clinicians and Therapists Past/Present Employers Background Check Providers Attorney, Probation and/or Parole Office and Department of Correction Department of Children and Families, Guardian-ad- Litem Program and Friends, Personal Contacts, Family Members Any and all social service agencies pertinent to my treatment and recov 	any case management agencies
CONDITIONS:	
I,, agree that a photocopy of this authorization in on file and will stay date signed. I understand that I have a right to review this file and correct any incorrect.	in effect for a year from the
ACKNOWLEDGEMENT:	
My signature below signifies that I have read and understand the terms and color of Information.	nditions set forth in this Release
Signature of Program Participant/Resident	 Date