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RELEASE OF INFORMATION

I, _____ give my
consent to Dr. Laurie Reed to verbally speak or exchange
written material with _____.
I understand this information consists of _____
_____ and is needed to support treatment with Dr. Laurie Reed.

I also understand that I may revoke this authorization at
any time (except retroactively) and if not revoked earlier,
this authorization will expire automatically six months
from today.

DATED: _____

SIGNATURE: _____