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Authorization for release of information

I authorize Emily Murray  
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to exchange diagnosis, records and information with,

1. \_\_\_\_\_  
Name of receiving person, agency or institution

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Phone Email

2. \_\_\_\_\_  
Name of receiving person, agency or institution

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Phone Email

3. \_\_\_\_\_  
Name of receiving person, agency or institution

\_\_\_\_\_  
Phone Email

4. \_\_\_\_\_  
Name of receiving person, agency or institution

\_\_\_\_\_  
Phone Email

With regards to:

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date