

# New Approaches

Release of Information

Date:

I \_\_\_\_\_ give permission to, New Approaches to obtain from /and

give information to \_\_\_\_\_

regarding my:

health record

mental health record

substance misuse record

HIV

Legal record

(circle above)

I understand that unless otherwise stated this release will be in force for one year from (today's date)\_\_\_\_\_. Another end date:\_\_\_\_\_

I understand that I may revoke this release, in writing at any time.

Signature\_\_\_\_\_Date\_\_\_\_\_

Witness: \_\_\_\_\_Date\_\_\_\_\_