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Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

I \_\_\_\_\_ authorize the release of any medical, mental health or other health care information, including intake forms, chart notes, reports, correspondence, billing statements and, or any other written information concerning my physical health or mental health and treatment to be sent to Hand Up Ministries, 2130 SE 59<sup>th</sup> St., Oklahoma City, OK 73129 (405) 236-3349 and the following person(s):

Hand Up Ministries employee name(s):

Harold R Riddle  
\_\_\_\_\_

Joseph W King  
\_\_\_\_\_  
  
\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_