

# Consent for Release / Exchange of Information (Specific)

I hereby authorize **St. Hope Foundation** to exchange information pertaining to:

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date of Birth

With: \_\_\_\_\_

The exchange of information is required for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And shall be limited to the following specific types of information concerning the following dates: from \_\_\_\_\_ to \_\_\_\_\_

Complete medical records in your possession to include diagnoses, treatment; or

Medical records limited to the following specific types of limitations:

\_\_\_\_\_

This authorization for exchange of information is made with informed consent. The consent may be revoked in writing by the undersigned at any time except to the extent that action may already have been taken in reliance on it.

Further, I understand that this consent shall expire and must be re-obtained on \_\_\_\_\_.  
Date

A photographic copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Power of Attorney  
(With Copy of Authority Attached)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date