DIVORCE CARE CENTER

SEPARATING EMOTION FROM LOGIC

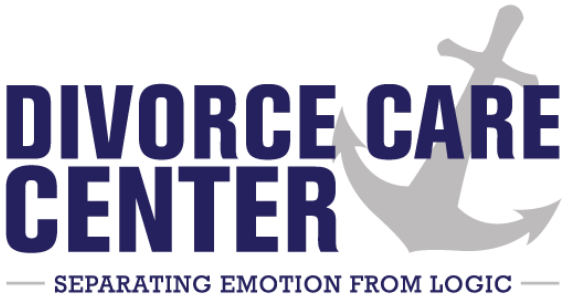
AUTHORIZATION FOR RELEASE OF INFORMATION

Section A: This section must be completed for all Authorizations		
Client Name:	**Birth Date:**	**Social Security No.:**
Client Address:		
Provider's Name:	**Recipient's Name:**	
Provider's Address:	**Recipient's Address:**	
This authorization will expire on _____		
Purpose of disclosure:		

Description of information to be used or disclosed:

I understand that:

1. I may refuse to sign this authorization and that it is strictly voluntary.
2. I may inspect or receive a copy of the information described on this form if I ask for it, and that I will receive a copy of this form after I sign it.
3. I may cancel this authorization at any time by notifying the provider in writing, but if I do, it won't have any effect on actions taken prior to receipt of the cancellation.
4. If the person or entity that receives the above information is not a healthcare provider or a health plan covered by federal privacy regulations, the released information may be re-



disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations. 5. The business/institution disclosing the information pursuant to this authorization cannot condition payment, enrollment, or eligibility for benefits on me.	
It is expressly agreed that a photocopy of this Authorization shall be as valid as an original.	
Section B: Signatures	
I have read the above and authorize the disclosure of the protected information as stated.	
Signature of Client:	**Date:**
Print Name of Authorized Representative:	**Relationship to Client:**
Address of Authorized Representative:	**Telephone number of Authorized Representative:**

STATE OF _____)
)SS:
COUNTY OF _____)

Before me this _____ day of _____, 20___, came _____known to me to be the individual who executed this Authorization, and acknowledged that he/she fully understands the contents and freely executed the same for the purpose therein contained.

_____
Notary Public

My Commission Expires: