



PO Box 644  
Woodland Park, CO  
80866  
Tel: 719-687-7273  
Fax: 719-687-7299  
Email: htntc@yahoo.com

**AUTHORIZATION TO RELEASE CLIENT INFORMATION**  
**~ ADULT ~**

**This release expires 90 days from the date of signature or upon client's written request.**

Client's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Previous Name Under Which Records May Be Filed: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
New Address if Moving: \_\_\_\_\_  
Current Phone Number: \_\_\_\_\_ New Phone Number if Moving: \_\_\_\_\_

I specifically authorize any current employee or legal representative of:

Name of Entity/Corporation: \_\_\_\_\_  
Address: \_\_\_\_\_

to release my billing, legal, or financial records as described on this form for the following reason \_\_\_\_\_

I understand that when the information is released, it may be subject to re-disclosure by the recipient.

Please release my records to:

Help the Needy  
PO Box 644  
Woodland Park, CO 80866  
Ph: 719-687-7273  
Fax: 719-687-7299

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(clients 18 years and older must sign for themselves)  
**OR**  
Signature of Legal Representative \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to Client \_\_\_\_\_

**NOTE: NO PERSONAL INFORMATION, MEDICAL DATA, TEST RESULTS, ETC. NEED BE SHARED.**

**HELP THE NEEDY WILL ATTEMPT TO ASSIST ME IN PAYING MY MEDICAL BILLS. THEY REQUIRE ONLY THE UP-TO-DATE INFORMATION ABOUT MY FINANCIAL INDEBTEDNESS TO YOU OR YOUR ORGANIZATION.**