

Form 80.B(4) SMILES LIKE YOURS Release of Information Form

Individual: _____

Date: _____

Person Filling Out This Form: _____

Specify what part of the client's record should be released from the clients approved providers

This release to share information with a third party may be revoked by the individual or their authorized representative at any time. Please contact SMILES LIKE YOURS should the status of this release change.

You give Smiles Like Yours, permission to contact your current and past providers:

Agency or Individual released to receive information:

Expiration date:

Signature:

Date:

Individual:

Date:

LAR:

Date: