

SYNTERO, INC. AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

				Date of Birth (mm/dd/yyyy)		
Name of Person Completing this Release				Relationship to Client	Child Self	Parent Other:
	Hereby gran	ts consent and a				
Syntero, Inc.		ase select one):			n, positi	on or individual)
(P) 419-949-4300		Release				
(F) 419-949-4035	←	Receive	Conta	act Informa	tion (er	mail or favl:
records@syntero.or	g 🔶	Both	00111			nan or ianj.
I authorize the following ir	formation to be released	(check all that a	vlaar			
Attendance	Diagnoses	•	400-37-	Diag	nostic As	sessment
Medication List	Progress	Notes	Psychiatric Evaluation			
Psychiatric Notes	Summary			Treat	tment Pla	an
Other (Specify):			<u> </u>			
Spanning the following co	vered dates:			ng the follo		
Most recent admission	Past three months	All	Contini Legal	uity of Care		ability Benefit Determination er (Specify):
From	to	-				
Other (Specify):						
Indicate here any exceptions, if	any, to the information being r	released:	J			
disclosing entity, except to the been revoked, it will expire 30 of Expiration date or event: Substance use disorder records of Part 2	days after the discharge, unles	onsent are protected by for	or event stat	ted below.	e re-disclose	ed without my written consent unless
otherwise provided for in the regulations.		this Consent other than	a aubatanaa ua	e disorder record	ts or record	is protected under another state law
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