

Key Rehab Associates, Inc
123 Jefferson Davis Boulevard
Natchez, MS 39120
601-445-0005 Phone
601-445-0370 Fax

CONSENT FOR RELEASE OF INFORMATION

I, _____, Date of Birth, _____
hereby authorize

to release and discuss my medical records with Key Rehab.

____ I acknowledge, and hereby consent to such, that the released information may contain alcohol and drug abuse, psychiatric, HIV, or genetic information

Patient Signature _____

Witness _____

Date _____