

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 request and authorize Key Rehab Associates, Inc. to discuss and release my medical records  
to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The first copy of your medical records is complimentary. Any additional copies will cost \$50 per copy.

I acknowledge the receipt of my records

Patient Signature: \_\_\_\_\_

Witness of Signature: \_\_\_\_\_

Date: \_\_\_\_\_