

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, _____, Parent and/or Guardian of
_____ 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 Signature: _____

Date: _____