

ALIVE AND WELL CENTER
1600 Airport Fwy, 3rd Floor, Ste 300/376
Bedford, TX 76022
817-944-7871

CONSENT OF RELEASE OF CONFIDENTIAL INFORMATION

I, _____ (Client's name)

Give my full consent to alive And Well Center to exchange any and all information regarding me and my treatment progress.

To:

(Name and email address of probation officer, attorney, court official)

This release covers all forms of information exchanged whether verbal or written. At any time, I may restrict or cancel this release in writing effective upon receipt by: alive And Well Center.

Otherwise, this will expire one year from the date signed.

Client's Signature _____

Date: _____