



Creative Potential, LLC
912 Norwich New London Tpk.#5
Uncasville, CT. 06382
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AUTHORIZATION FOR THE RELEASE OF INFORMATION TO
CREATIVE POTENTIAL, LLC

_____, authorize
(name of person granting permission)

_____ to disclose to/
from
(name and address of person, institution, or organization)

Creative Potential, LLC, 912 Norwich New London Tpk. Unit 5, Uncasville, CT. 06382 information/records
pertaining to

(name and DOB of person who is the subject of the record/info)

Type of records/information to be released (check all that apply):

- Psychiatric Psychological Scholastic/Academic Medical
Other (please explain: Eligibility Records, Treatment Records, All records relevant to continued care.)

Purpose of authorization/disclosure:

The nature and extent of the information to be disclosed is the entire record unless otherwise specified below:

This authorization, if not cancelled, will expire on _____ or in one year, whichever occurs first.
(Date)

I understand that refusal to sign this authorization form will not affect my right to obtain present and future services, except where disclosure of the records requested is necessary for services. I also understand that I may revoke this authorization by notifying Creative Potential or the named recipient in writing. A revocation of this authorization will not apply to any records disclosed before the authorization is revoked.

Signature of person authorizing disclosure or authorized representative Date

Check if this form has been signed by a person other than the subject of the record:

- Parent/guardian Attorney Other (explain: _____)