

CARL L. POTTER, III LCSW

CONFIDENTIAL

Release of Information

DATE: _____

I _____ authorize Carl Potter, LCSW to release medical records information to, or receive it from, the following parties:

This release is regarding: _____

It will contain the following information:

Responsible Party's signature: _____

This release will be valid for duration of 12 months and then will be renewed if necessary.