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Consent for the Release of Confidential Information

I, _____, give my permission

for Dr. Douglas L. Cohen to release to and/or obtain information from the following persons:

Phone: _____

Email: _____

Purpose of Disclosure:

This authorization will remain in effect for 12 months from the date signed or on _____ . You may revoke this consent in writing at any time.

Acknowledgement

I have read and understand the information above:

Signature: _____

Date: _____