

# **Waiver of Confidentiality and Consent Form**

I hereby acknowledge that I have been informed of my right to confidentiality regarding my personal information and records. By signing below, I voluntarily waive these rights to the extent described in this document.

I give my consent for the release of my information to:

Recipient (Name/Organization):

Purpose of Disclosure:

Date:

Signature:

**Submit**

I understand that I may revoke this consent at any time by notifying the organization in writing.