POST TRAUMA RESOURCES, LLC 1709 LAUREL STREET, COLUMBIA, SC 29201 PHONE: (803) 765-0700 FAX: (803) 765-1607

## **AUTHORIZATION for RELEASE OF CONFIDENTIAL HEALTH INFORMATION**

Patient's Last Name	First N	ame	MI
Date of Birth	Telephone Number		
INFORMATION RELEAS	ED TO AND/OR RE	CEIVED FROM:	
Name of Person, Agency or Prog	gram		
Address			
City	S	ate ZIP	
		_Fax	
PURPOSE FOR DISCLO	SURE		
Referral for services from		Insurance claim	
Coordination of services	between providers	Personal use	
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