



## RELEASE OF INFORMATION

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In following the guidelines of PHIPA we are requesting confirmation from:

**Name:** \_\_\_\_\_

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I, \_\_\_\_\_ (please print name) hereby acknowledge and give permission for The Stable Grounds Inc. to share my client/guest file with:

**Please Print where applicable**

Family / Friend Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Family / Friend Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

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### SIGNATURES

DATED as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness Name (please print)**

\_\_\_\_\_  
**Witness Signature**

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