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<u>Authorization for Disclosure of Protected Health Inf</u>ormation

Individual	_Date of Birth:	<u>LU</u> /LI T D#:
Description of information to be released:		
Your initials are required to rankyatse following protected health information		
MentalealtRecordsexcludingsychotherang	ytes <u>Drug</u> , Alcoh&olSubs	stance Use Rec <u>ord</u> \$IV/AIDS