



**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH/PERSONAL
INFORMATION**

Client Name: _____

I, _____, give HOPE Group, L.L.C. permission to disclose personal and health information to include, but not limited to, my child's age, cross roads where we live, days/times of open availability, likes/dislikes, my personal contact information (flyer), client photo (flyer), etc.

I give permission for this information to be posted via:

_____ Website Client/Provider Directory posted on www.hopegroupaz.com

DAYS/TIMES OF NEED:

_____ Flyer with photo posted outside HOPE Group Training room

I understand that it is my responsibility to update and make modifications to my postings yearly and that postings will remain on the website unless it is requested that we remove them.

I understand that I may revoke this authorization at any time by providing written notice to HOPE Group, L.L.C. except to the extent that the disclosure authorized has been acted upon prior to the receipt of any written revocation.

Print name of Parent/Caregiver _____ Date _____

Signature of Parent/Caregiver _____ Date _____

Honoring and Optimizing the Potential in Everyone

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