**AUTHORIZATION TO DISCLOSURE INFORMATION**

Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Address: Click or tap here to enter text.

I, the undersigned authorize **Ana Paula Francisco and The Untangled ADHD** to disclose Personal Information shared with me to:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Fax number: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Purpose of Disclosure:Click or tap here to enter text.

Authorize to send information by phone, email, fax, mail (please check the ones that you authorize).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

Click or tap here to enter text.

**Name**

Click or tap here to enter text.

**Date**

Please print this form, sign, and send it to ana@untangledadhd.com