



**AUTHORIZATION FOR RELEASE/OBTAINMENT OF
CONFIDENTIAL INFORMATION**

I, _____, do hereby authorize and
request the release of oral and/or written information
from, _____, to be given to the
Oxford House Foundation of Canada.

In making this request, I hereby consent to the release of any
confidential information regarding my personal history, medical history,
treatment, and/or any information deemed necessary by the Oxford
House Foundation of Canada.

This authorization and request is intended confidential for the specific
purposes of the Oxford House Foundation of Canada only.

Dated this _____ day of _____, 201

CLIENT NAME (Please Print)

CLIENT SIGNATURE

**WITNESS (Please print) Must
Be an Authorized Representative
of the Oxford House Foundation of Canada**

SIGNATURE OF WITNESS