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## FAMILY AND FRIENDS APPROVED DISCLOSURE LIST

NAME OF PATIENT (PRINT) \_\_\_\_\_

WE UNDERSTAND YOU MAY HAVE CONCERNED RELATIVES, FRIENDS, OR SIGNIFICANT OTHERS.

PLEASE LIST THE NAMES OF THOSE PEOPLE THAT WE MAY SHARE INFORMATION WITH.

WITHOUT YOUR WRITTEN CONSENT, THIS INFORMATION WILL NOT BE RELEASED.

\_\_\_\_\_ PHONE \_\_\_\_\_

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PATIENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_