

**CHEMICAL DEPENDENCY TREATMENT
AUTHORIZATION TO RELEASE RECORDS**

I _____, do hereby authorize
_____ to furnish to Monarch Properties, Inc. full and complete results of my chemical dependency assessment, treatment recommendations, treatment, follow-up and aftercare recommendations, and progress reports.

This authorization specifically includes authority to release for examination and reproduction pertinent records and reports, and specifically includes the request that any treatment facility, hospital, medical doctor, psychologist, chemical dependency counselor and social worker with knowledge of my background freely furnish their records.

Employee Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME, NOTARY PUBLIC, THIS _____ DAY
OF _____ 20__.

Notary Public

My commissions expires: _____