

Better Life Behavioral Health Care, LLC

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Re: _____

DOB: _____

Permission to Release or Obtain Information

I (we) hereby authorize and request _____

To release or obtain confidential professional information, including personal, psychological, psychiatric, and medical records and opinions, resulting from contacts with them, to/from:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Barbara L. Costlow, LPC, NJ Lic. 00554