Coastal/South Georgia
Barbara Taylor-Scott
912.230.8053

Metro Atlanta
Yahazia Odelia
770.855.1323 c
404.795.9004 f

North Georgia
Samantha Kinsey
706.913.5055 c
706.522.9202 f

Savannah
Sheila Timmons
912.532.1538 c

360-Degree Release

Authorization to Obtain & Release Information

Client Name _____ Date of Birth _____ Phone Number _____

I hereby authorize Imagine Hope, Inc. to obtain from / and release to:

Name of Partner Agency _____ Client email _____

Name & Address of Medical Provider(s) if known _____

Name of Emergency Contact _____ Relationship _____ Phone _____

I authorize disclosure of information concerning my medical care and treatment for hepatitis C for the purpose of supporting my efforts to successfully complete treatment.

X _____
Signature of client Date

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

Date this authorization is revoked _____ Signature of individual or legally authorized representative _____