

Release Of Information

Allison B. Spitzer, M.A.
Spitzer Health
15 Lake Avenue
Trumbull, CT 06611

203-218-2200
Allison@ spitzerhealth.com

I, _____ grant permission to Allison B. Spitzer to share information with the following individuals.

I do this of my own free will and without limitations or specifications. I recognize that this may include sensitive and confidential information.

Signed _____

Date _____