



THE ALWAYS GROWING GREEN SOCIETY
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REQUEST FOR RELEASE OF INFORMATION

To T.A.G.G.S. Dispensary

This form has been designed to ensure that confidentiality is a respected right, and to make provisions for the exchange of relevant information between service workers.

Therefore, I, _____ hereby request that my:

- physicians statement and / or prescription
- confirmation of membership
- confirmation of diagnosis
- other: _____

Be released from _____ and forwarded to T.A.G.G.S. dispensary.

This consent is valid for one time only, and additional releases of Information will require my consent. The person/organization to Whom my information is being released is prohibited from further Sharing without my written authorization.

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

PRINTED NAME: _____

MEMBERSHIP NUMBER (if applicable): _____