**RN PATIENT ADVOCATES of Puget Sound, PLLC**

**4616 25th Avenue NE #497**

**Seattle, Washington 98105**

**206.505.7885 (fax) 206.505.7885 (office)**

**AUTHORIZATION OF REPRESENTATION AND DISCLOSURE OF INFORMATION AND DOCUMENTS**

Date:

To Whom It May Concern:

I authorize and direct RN Patient Advocates of Puget Sound, PLLC, to act on my behalf. Please release to any and all authorized representatives of RN Patient Advocates of Puget Sound all records, documents, reports, clinical abstracts, histories, charts, billing statements, charges, invoices and other statements, and any other documentary or physical evidence of every kind, character and description, relating to:

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This medical authorization will expire on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any questions concerning this authorization, please contact RN Patient Advocates of Puget Sound, PLLC. at your earliest convenience. Thank you for your immediate attention to this matter.

Sincerely,

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(Client’s name and address, phone #) Representative, if client unable to sign

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_

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RN Patient Advocates Representative