Northern Marianas Protection & Advocacy Systems, Inc.
Established 1992

NMPASI

NORTHERN MARIANAS PROTECTION & ADVOCACY SYSTEMS, INC.

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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, herby authorize Commonwealth Health Center to REALEASE to Northern Marianas Protection and Advocacy Systems, Inc. the following CONFIDENTLY information:

_____

_____

_____

I further authorize Northern Marianas Protection and Advocacy Systems, Inc. to release any confidential information relating to me to Commonwealth Health Center in order to facilitate the full development of facts essential to proper representation of me and in order to carry out such representation.

My Hospital Number is: _____

My Date of Birth is: _____

Signed:

_____ Date: _____

Witness:

_____ Date: _____