

DriveAbility
 Exeter Healthcare, Inc.
 4 Alumni Drive
 Exeter, NH 03833
 (603) 580-7927

CONSENT TO RELEASE DRIVING/MEDICAL RECORDS

I, _____, date of birth, _____, hereby authorize the facilities and /or individuals listed below to release any and all records requested to Drive Ability at Exeter Healthcare, for the purpose of my participation in the driver rehabilitation program.

	NAME	ADDRESS
PHYSICIAN(S)		
REHAB CENTER(S)		
HOSPITAL(S)		
REFERRAL SOURCE(S)		
HIGH SCHOOL (Copy of IEP)		
Department of Motor Vehicles		

I have carefully reviewed and understand the above information and do herein expressively and voluntarily consent to disclosure of the above medical records and information regarding my condition to those persons or organizations named above. I attest that I have provided complete and accurate medical information to Exeter Healthcare. I hereby release Drive Ability at Exeter Healthcare from all legal responsibility or liability that may arise from the release of these medical records.

Client Signature
 (In the case of a minor, signature
 of client and parent/guardian)

Date