RELEASE OF INFORMATION

By signing this form, I authorize CODI to release verbal and written information as outlined below.

- I understand CODI cannot guarantee recipient of this information will not re-disclose information to a third party.
- I understand I may revoke this release in writing at any time.
- To revoke this release, please notify CODI's Chief Compliance Officer.
- CODI is not responsible for information released before revocation request.

I authorize CODI to release the information below to:

Name Guillermo A. Gutierrez, MD

Address: 1612 Chanticleer

City: Cherry Hill State: NJ Zip Code: 08003

I authorize CODI to release (check all that apply):

- ☐ Discharge Summary
- ☐ Service Plan
- ☐ Verbal discussion including information related to consumers services
- ☐ Medication Administration Record (MAR)
- ☐ HIV/AIDS Status
- ☐ Drug and Alcohol Use or History
- ☐ Other:

I agree that my handwritten or electronic signature below will serve as authorization to release information and will be in effect for one year from the date of signing.

Consumer Name (printed)

Consumer Signature Date

Guardian Signature Date

Revised 9/25/2025