

INREACH
4530 Park Rd. Suite 300
Charlotte, NC 28209

Customer Name: _____
Record #: _____
MID#: _____

COORDINATION OF CARE AND RELEASE OF CUSTOMER INFORMATION

Prior to releasing confidential information, a completed Release form should be on file in the customer's medical record.

Date of Release	Information Released to:	Summary of Information Released &/or Exchanged	INREACH Representative Signature