**B’More Clubhouse**

**Prospective Member Referral**

**Release of Information Form**

I hereby give consent for the release of pertinent medical, hospital and psychological information from medical and/or mental health professionals associated with my care for completion of appropriate referral information for my application for membership to the B’More Clubhouse. I hereby give consent for B’More Clubhouse members to have access to my basic contact information for follow-up and reach-out purposes only.   
  
I understand that any information released to the B’More Clubhouse is confidential and will be remain confidential by the B’More Clubhouse.

Name of Prospective Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By (B’More Clubhouse Staff only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_