**Philakids mlp | Philadelphia**

**A Partnership Between Legal Clinic for the Disabled & st. Christopher’s hospital for children**

I authorize the health care provider(s) named above to talk with Legal Clinic for the Disabled, Inc. (LCD), about my potential legal problem to see if LCD can help resolve the problem or refer me to other resources. I also authorize LCD to discuss my potential legal problem with my health care provider(s), therapist and/or social worker to help resolve my problem. I understand that I can cancel this authorization in writing at any time, except to the extent that LCD has already taken action in reliance on this authorization. This authorization will expire **one year** from the date of the signature listed below.

I have carefully read and understand the above and do herein expressly and voluntarily authorize disclosure of information between my healthcare provider(s), therapist and/or social worker and LCD.

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Signature of Patient / Representative Date