

**STRENGTH  
HOPE AND  
RECOVERY**



**Mark Garwood**  
SHARE Foundation



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I understand that my records are protected under Federal regulations, (42CFR, Part2), and the Health Insurance Portability Accountability Act (HIPAA), 45 C.F.R., pts 160 &164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically one year from the date signed, otherwise unless specified below. I understand that generally The Mark Garwood SHARE Foundation may not condition my Scholarship on whether I sign a consent form, but that in certain limited circumstances support or collateral investigation is a key component and we may not be able to meet your needs without the key contacts involvement. I understand I am entitled to a copy of this document in its complete form.  
Expiration: One (1) year from date of signature.

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