

RELEASE OF INFORMATION FORM

Client's Name: _____ **Birthdate:** _____

Parent/Guardian: _____

Address: _____

Phone: _____

Please check all that apply:

____ I authorize Children's Therapy Group, Inc. to obtain pertinent information concerning the above named client.

____ I authorize Children's Therapy Group, Inc. to release pertinent information concerning the above named client.

Name of Institution/Agency Releasing Information

Name: _____

Address: _____

Phone: _____ **Fax:** _____

Name of Institution/Agency Obtaining Information

Name: _____

Address: _____

Phone: _____ **Fax:** _____

Description of Material Being Released/Obtained

By signing this form, I am acknowledging that I have examined the records indicated above and agree to have them released to the designated agency.

Parent/Guardian

Date