



121 Hidden Glen Way
Dothan, AL 36303
334-446-1425

Authorization to Exchange, Obtain or Release Information

Client Name: _____

Date of Birth: _____

I _____ (client or family member) hereby grant Wiregrass Therapy Associates, LLC permission to communicate with the following person or agency:

Information to Be Released:

- Medical History
Therapy Evaluation
SLP OT PT Other:
Treatment Notes
SLP OT PT Other:
School Records (Evaluations, IEP, academic reports, etc.)

I release the above information to the following:

Table with 2 columns: Name, Date. Four rows for listing recipients.

I grant permission to exchange information via written and mailed report, phone call, meeting, email, or fax.

I understand that unless revoked, this authorization will remain valid until written revocation of this authorization is presented.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client