
Release of Information From another entity to Children's Therapy Services Early Intervention

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Date of Request: _____

Home Address: _____

I hereby authorize _____ to release to Children's Therapy
Services Early Intervention the following information (please list requested information):

All information released is for the expressed purpose of developing and integrating an effective plan of treatment for the child named above. I understand that this information is confidential and will only be viewed by members of my child's Early Intervention team.

I understand that I have the right to cancel this authorization at any time.

Parent/Guardian Signature

Date