



# Add Therapy Center



## Consent to Release/ Obtain Information

I, the parent/guardian, \_\_\_\_\_, do hereby authorize Add Therapy Center to RELEASE TO and OBTAIN INFORMATION FROM the record of the individual identified below for therapeutic purposes including collaboration, planning and treatment:

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address/Fax Number

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address/Fax Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

