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Creating A Better Tomorrow by helping children and families heal and flourish from their past into their future.

Release of Information

At A Better Tomorrow Therapy & Wellness Center, LLC your privacy and the confidentiality of your health information are of the utmost importance. To guarantee this, we at ABTAK require parental permission to release information **to anyone other than another parent / legal guardian.**

The individuals and agencies noted below are authorized to provide and receive written and verbal information pertaining to this patient's therapy and medical program. This authorization granted by this ROI will be effective for one (1) calendar year from the date of this form.

Patient Name: _____ Date of Birth: _____

Individual/Facility: _____

Authorized Documents: Evaluations/Plan of Care Treatment Notes
 Scheduling Details Billing Information
 Other (please specify): _____

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Authorized Documents: Evaluations/Plan of Care Treatment Notes
 Scheduling Details Billing Information
 Other (please specify): _____

Signature _____ Date _____

Printed Name _____ Relationship to Patient _____