



A Better Tomorrow Therapy & Wellness Center, LLC

Release of Information Form (ROI)

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

I, _____, the Parent / Legal Guardian of _____ authorize the release of written or verbal information pertaining to my child's therapy and medical program To and From the therapist(s) of A Better Tomorrow Therapy and Wellness Center, LLC and the individual(s) and agencies:

School District: _____

Physician's Office: _____

Therapist(s) or Clinic: _____

Care Giver(s): _____

Name: _____

Name: _____

Parent's / Legal Guardian's Signature: _____

Date: _____

This authorization granted by this ROI will be effective for one (1) calendar year from the date of this form.

Your child's confidentiality and the privacy of their health care information are important to us. Thank you for your support to make this a reality.

Sincerely,

A Better Tomorrow Therapy and Wellness Center, LLC

Permission to Release a Minor

At A Better Tomorrow Therapy and Wellness Center, LLC we require parental permission to release a minor child to anyone other than another parent / legal guardian.

I, _____, the Parent / Legal Guardian of _____ hereby authorize the staff of A Better Tomorrow Therapy and Wellness Center, LLC to release my child to the following people:

Name: _____

Contact #: _____

Name: _____

Contact #: _____

Name: _____

Contact #: _____

Name: _____

Contact #: _____

Parent's / Guardian's Signature: _____

Date: _____