

Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC

Private Practice - Virtual Office Location

Office Telephone: (410)240-4174

Email: powerprivatepracticellc@gmail.com

Consent to Release Information Form

Client Name: _____

I understand that all records by Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC., are protected under Federal Law Regulations and cannot be disclosed without my written consent, unless otherwise permitted in accordance with Federal Law and Regulations. I authorize my/my child's clinical treatment provider to consult with my Insurance Administrator, Educational, Medical and Legal Institutions, and other health/mental healthcare professionals and providers as necessary, to ensure the appropriateness of my/my child's care.

I understand and agree with the preceding statements regarding Release of Information.

Please indicate your desire about sharing clinical information with your Primary Care Physician:
(by checking the line)

_____ I give permission to share my relevant clinical information.

(Client's Parent/Guardian, if under 18 y/o)

Client Signature

Date

Parent/Guardian

Date