MOVIN' & GROOVIN' CHILDREN'S THERAPY SERVICES, INC. 17 INTERLOCHEN DRIVE ATLANTA, GA 30342

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CONSENT TO RELEASE INFORMATION

For	oatient:	DOB
I authorize To release protected health information to :		
1. DIAGNO	SES AND ASSESSMENT IN	FORMATION
2. TREATM	ENT PLANS	
3. PHYSICA	L THERAPY PROGRESS N	IOTES
4. GOALS	OF TREATMENT	
5. PROGNO	SIS	
6. DISCHAF	RGE SUMMARY INFORMAT	TION
PARENT OR	GUARDIAN'S SIGNATUR	E DATE
PARENT OR	GUARDIAN'S PRINTED NA	AME
WITNESS SIG	GNATURE	DATE