



1610-A Graves Mill Road
Lynchburg, VA 24502

Phone 434-205-8049
Fax 833-402-0997

HIPAA RELEASE OF INFORMATION

With your permission, I would like to communicate basic treatment information to individuals per your request. Please identify individuals for correspondence of your (your child's) care.

Client Name: _____ Date of Birth _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____