



1381 Crossings Centre Dr Suite E
Forest VA 24551
Phone 434-219-5621
Fax 434-305-1072

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: _____