

TherapyWorks L.L.C.



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Release of Information

I give my permission for TherapyWorks LLC to:

_____ Receive Information From: _____

_____ Give Information To: _____

Regarding my child/children _____,

to schools, therapists, doctors, and/or other health professionals involved in my child's care.

Please send information to: _____.

Signed: _____ Date: _____