Northland-Rural Therapy Associates, LLC
2224 East Cedar Ave. Suite 1 Flagstaff, AZ 86004
Phone (928) 779-1679 Fax (928) 779-2822

RELEASE OF CONFIDENTIAL INFORMATION

This form serves as a formal consent to release speech/language, occupational, physical therapy reports, medical records, psychological reports, educational records, audiological reports, and/or other pertinent information to/from Northland-Rural Therapy Associates in order to fully assess you/your family member's need.

Client Name _____ Date of Birth _____ Mailing Address _____

Daytime Telephone # _____

List all agencies which have served you/your family member. Please include Contact name and facility name. If you have the telephone number and/or address, please supply that information. (Telephone numbers are particularly helpful).

(Physician) _____

(School) _____

(Insurance) _____

(Other) _____

Parent Signature _____

I hereby give consent to: Northland-Rural Therapy Associates
2224 East Cedar Ave. Suite. 1
Flagstaff, AZ 86004
(928) 779-1679

to obtain and exchange confidential information from the above named agencies and other agencies regarding myself/family member.