



## Release of Patient Information

Bird and Kern may disclose to each of the undersigned any and all reports, opinions, therapy notes, test results and any information pertaining to the therapy program and treatment of \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
date

Release client Information To:

\_\_\_\_\_  
Specialist/Teacher

\_\_\_\_\_  
date

\_\_\_\_\_  
Specialist/Teacher

\_\_\_\_\_  
date

\_\_\_\_\_  
Other

\_\_\_\_\_  
date

\_\_\_\_\_  
Other

\_\_\_\_\_  
date