



OT & Me, LLC

Harrisburg, PA

717.364.4360

OTandMePA@gmail.com

Release of Information Form

Client: _____ DOB: _____

I, _____, (parent/ guardian) hereby grant OT & Me, LLC permission to communicate with the following person or agency:

Name:

Contact Information:

regarding the following information and as part of their current treatment plan:

Previous Medical History Current Medical Concern

Previous Therapy Treatment Current Therapy Treatment

Other

Signature _____ Date _____



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