



Release/Exchange of Information

I authorize OutSounding LLC to release and/or exchange information regarding the client with the following persons or agencies to include the following:

- _____ Evaluation/Screening Results
- _____ Therapy Progress/Treatment Notes
- _____ Insurance Information (incl. Diagnostic/Treatment Codes) _____
- Other: _____

1. _____
(Professional or Agency Name & Address)

2. _____
(Professional or Agency Name & Address)

3. _____
(Professional or Agency Name & Address)

Client (Child) Name: _____

Client (Child) D.O.B. _____

Parent/Guardian Name

Parent/Guardian Signature

Date