



Asheville Community Therapy Center  
 959 Merrimon Ave Suite 101  
 Asheville NC 28804  
 Phone (828) 417 7085  
 Fax (828) 417 7059

# CONSENT FOR RELEASE OF INFORMATION

I hereby consent for the release of information regarding \_\_\_\_\_

\_\_\_x\_\_\_ TO and/or \_\_\_x\_\_\_ FROM the therapists and staff of **Asheville Community Therapy Center** for the coordination of services. Specifically, I consent for the following persons and/or entities to consult with **Asheville Community Therapy Center**, via all means of communication, regarding my child’s status in the areas of:

- \_\_\_ COMMUNICATION
- \_\_\_ BEHAVIOR
- \_\_\_ HEALTH/MEDICAL
- \_\_\_ ACADEMICS

**NAME(S) OF PERSONS/ENTITIES – Please provide name/s, company, phone, email address/es, and fax number if applicable:**

By signing below, I understand that this consent will remain effective for one year from the date of signing and that I may withdraw this consent at any time.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

RELATIONSHIP TO CLIENT:  SELF     PARENT     LEGAL GUARDIAN     OTHER (DESCRIBE): \_\_\_\_\_