



341 Kilmayne Drive Suite 104
Cary, NC 27511
984-365-9330

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I _____, as the parent/guardian of
_____, DOB _____

authorize **Little Steps, Big Leaps LLC** to:

_____ release to:

_____ obtain from:

_____ exchange with

Provider's name and contact information:

the following information pertaining to:

_____ any requested information

_____ treatment summary

_____ history/intake

_____ diagnosis

_____ assessment results

_____ medical, social history

_____ dates of treatment

_____ other (specify) _____

for the purpose of:

_____ evaluation/assessment and/or coordinating treatment efforts

_____ other (specify) _____

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Parent/Guardian Signature _____ Date _____