



Child's Nature, LLC  
 3002 N. Main St.  
 East Peoria, Il 61611  
 (309) 423-3111  
 (309) 416-0381 fax

Child's Name: \_\_\_\_\_

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

Who referred you to our office? \_\_\_\_\_

Child's primary care physician: \_\_\_\_\_

**I authorize Child's Nature, LLC to release/obtain relevant case information to/from the following providers to be disclosed by verbal and/or written communication**

Obtain	Release	Service	Provider Name	Phone #	Dates
		Pediatrician/physician			
		Child Care Program			
		School			
		Occupational Therapist			
		Speech Therapist			
		Counselor/psychologist			
		Caseworker/care coordinator			
		Dietitian			
		Specialty Doctor			
		Other			
		Other			
		Other			

This information is needed for the following purpose(s): To provide communication among service provider team. This consent for disclosure is valid for: Duration of treatment under the care of Child's Nature, LLC

I understand that I have the right to inspect and copy the information to be disclosed. I understand that I may withdraw this consent by written request at any time. I understand that my refusal to consent to disclosure will have the following consequences, if any: Information will not be disclosed.

\_\_\_\_\_  
**Signature of Parent/guardian of Patient**

\_\_\_\_\_  
**Date**