



REDWOOD THERAPY

Release of Information

I, _____, give **Redwood Therapy, LLC** permission to exchange information related to my medical diagnosis and/or records that are essential to my plan of care, including the return to work process, to the following facility/location:

I, _____, give _____ permission to exchange information related to my medical diagnosis and/or records that are essential to my plan of care, including the return to work process, to the following facility/location:

Client Printed Name

Date of Birth

Client Signature

Date

** The above release is valid for 12 months from the date of signature.*



REDWOOD

THERAPY