

HOMETOWN THERAPY SERVICES

- ☐ 609 N. 29TH STREET, OZARK, AR 72949
- ☐ 1811 E. MAIN STREET, CHARLESTON, AR 72933
- ☐ 208 E. WALNUT STREET, PARIS, AR 72855

PHONE: 479-461-2324

FAX: 479-662-4766

STATE OF ARKANSAS

DATE / /

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

PATIENT NAME	
STREET ADDRESS	
CITY	STATE
DATE OF BIRTH	SOC. SEC. NUMBER
OTHER ALIASES, IF APPLICABLE (BEFORE ADOPTION)	

NAME OF PARENT, GUARDIAN, OR LEGAL REPRESENTATIVE
EMAIL ADDRESS
PHONE NUMBER

I HEREBY AUTHORIZE THE FOLLOWING HEALTHCARE PROFESSIONAL TO RELEASE (CHECK ONE):

☐ EVALUATIONS & GOALS

☐ MY MEDICAL RECORDS AS DESCRIBED: _____

PERSON/ORGANIZATION TO RELEASE INFORMATION		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	

SIGNATURE _____

EMAIL RECORDS TO **HOMETOWNPEDIATRICTHERAPY@GMAIL.COM** OR FAX TO **479-662-4766**