

## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ **authorize** the release of information including educational, assessment, and therapy documentation, as well as verbal communication regarding:

\_\_\_\_\_

Full Name Date of Birth

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| <p><b>FROM:</b></p><br><br><p>Sense-Ability, LLC<br/>       41680 Miss Bessie Drive<br/>       Suite 103<br/>       Leonardtown, MD 20653<br/>       Phone: (240) 256-3711<br/>       Fax: (240) 256-3612</p> | <p><b>TO:</b></p><br><br><p>_____</p> <p style="display: flex; justify-content: space-around;"><span>Practice Name</span> <span>Provider Name</span></p><br><p>_____</p> <p style="text-align: center;">Address</p><br><p>_____</p> <p style="display: flex; justify-content: space-around;"><span>City</span> <span>State</span> <span>Zip Code</span></p><br><p>(      ) _____ (      ) _____</p> <p style="display: flex; justify-content: space-around;"><span>Phone Number</span> <span>Fax Number</span></p> |
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| <p><b>FROM:</b></p><br><br><p>_____</p> <p style="display: flex; justify-content: space-around;"><span>Practice Name</span> <span>Provider Name</span></p><br><p>_____</p> <p style="text-align: center;">Address</p><br><p>_____</p> <p style="display: flex; justify-content: space-around;"><span>City</span> <span>State</span> <span>Zip Code</span></p><br><p>(      ) _____ (      ) _____</p> <p style="display: flex; justify-content: space-around;"><span>Phone Number</span> <span>Fax Number</span></p> | <p><b>TO:</b></p><br><br><p>Sense-Ability, LLC<br/>       41680 Miss Bessie Drive<br/>       Suite 103<br/>       Leonardtown, MD 20653<br/>       Phone: (240) 256-3711<br/>       Fax: (240) 256-3612</p> |
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This information is to be used for diagnostic and treatment planning purposes only.  
 Thank you for your prompt attention to this matter.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date