



Phone: (708) 243-3148 Fax: (630) 243-4688 Email: julee@justright-at-home.com

Request for Release of Information

Consent is hereby given for Just Right at Home, LLC (name of company) to disclose the following records for _____ (client name) whose birth date is _____.

- All information relevant to the purposes of this release.
- All diagnostic reports.
- All psychological/psychiatric reports.
- Speech therapy, occupational therapy and physical therapy reports.
- Social work reports.
- Medical reports.
- Other: _____

These records are to be disclosed to: Just Right at Home, LLC
1N102 Pleasant Hill Rd
Winfield, IL 60190
Fax#: (630) 243-4688

These records are to be released to coordinate services and to assist in ensuring records and reports are accurate and up to date.

Signature: _____ Date: _____