J.Z. MANN PEDIATRIC THERAPY

JANELLE Z. MANN, PT, PCS, C/NDT
Pediatric Certified Specialist

Phone: (910) 347-2212
Fax: (910) 347-6003

410 New Bridge St., Suite 10A
Jacksonville, NC 28540

www.jzmannpediatrictherapy.com
therapist@jzmannpediatrictherapy.com

CONFIDENTIAL RELEASE OF INFORMATION

Patient's Name: _____ **Date of Birth:** _____

J.Z. Mann, Pediatric Therapy is authorized to release and/or obtain information (Evaluations, Goals, Notes, Medical Records, Educational Records, IEP and any other relevant information) to/from the agency, organization or individual designated below. In the event that I want some agency, organization, or individual to receive information (but not release, or vice versa), I will so designate in the space provided on this form.

At the very least, you should list your pediatrician, school system, Infant Toddler Program, and any other medical specialists your child sees. Please use the back of this form if you need more space.

Name of agency, organization or individual to release/receive information	**Address and/or phone number of agency, organization or individual to release/receive information (if known)**	**Approximate date of last visit**
1. _____ (Primary care physician/pediatrician)	1. _____	1. _____
2. _____ (School system)	2. _____	2. _____
3. _____ (CDSA/Infant Toddler Program)	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____

Records should be mailed or FAXed to:

J.Z. MANN, PEDIATRIC THERAPY
410 NEW BRIDGE STREET, SUITE 10A
JACKSONVILLE, NC 28540
(910) 347-6003 (FAX)

Other special instructions regarding this release of confidential information _____

_____

_____ _____ _____
Signature of Parent/Legal Guardian Relationship to Patient Date