

**REQUEST TO OBTAIN INFORMATION (Release of information)**

I \_\_\_\_\_ hereby request information to be released from  
CommuniCare Therapy regarding:

**Name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Current Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Former Address (if at the address above less than 3 years):**

\_\_\_\_\_  
\_\_\_\_\_

**This request relates to information on the following therapy services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information may be released to:**

\_\_\_\_\_  
\_\_\_\_\_

**Patient/Guardian/Power of Attorney Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_