



5890 Bethelview Rd Ste 10-160 Cumming, GA 30040
Phone: 770-886-6204

RELEASE OF INFORMATION

I hereby authorize Building Bridges Therapy, Inc. to release to all Insurance Companies only such therapeutic and financial information as may be necessary to determine benefits entitled and to process payment claims for therapy services that will be provided. In addition to insurance companies, I hereby authorize Building Bridges, Inc. to release therapeutic information to the following **physicians, other therapists seeing your child, his/her teachers/facilitators as well as other healthcare providers:**

Signed _____ Date _____
Parent/Guardian Relationship

Therapist/Witness _____