



**Consent to Release Information**

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

RE: \_\_\_\_\_

Progressive Steps, LLC and (NAME OF PRACTITIONER) is authorized to exchange information with

\_\_\_\_\_

in order to release Early Intervention Service Notes & Progress reports, etc., from:

Start date \_\_\_\_\_ Until further Notice

This release will be valid for one year from the date signed or until I revoke this release in writing.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Printed Name