PRACTICE
IMPROVEMENT
RESOURCES LLC

5959 WEST LOOP SOUTH, SUITE 430 – BELLAIRE, TEXAS 77410 – TEL 832-498-7071

RELEASE OF INFORMATION

I, _____, herein am giving my full and complete permission
(client's/legal guardian's name – Printed)

for BOTH parties listed below, or their employed and approved representatives, to discuss

information as is related to the services and care being provided to

_____ by these parties.
(client or minor - Printed)

_____ may give and receive information to/from
(PIR Provider)

_____.
(Medical or other provider)

_____ may give and receive information to/from
(Medical or other provider)

_____.
(PIR Provider)

I understand that by signing this Two-Way Release of Information (ROI) I am freely giving my permission for the two parties indicated above to discuss information provided by me to either party, and any other pertinent clinical or historical information, as it pertains to the continuity of my treatment and safety.

If I am signing on behalf of a minor, I am attesting that I am the sole or primary legal guardian and have full and unrestricted rights under the law to approve the release of information to and between the two parties noted above.

_____	_____	_____
(Client/Guardian - Printed Name)	*(Signature)*	*(Date)*
_____	_____	_____
(Witness - Printed Name)	*(Signature)*	*(Date)*