



Omni Therapy Solutions

Speech·Occupational·Physical

1053A Sparkleberry Lane Ext., Columbia, SC 29223

Phone: 803-567-3348 | fax: 803-728-3044

CONSENT TO RELEASE/OBTAIN INFORMATION

Client Name

Date of Birth

Medicaid # or SS#

I hereby give written permission to Omni Therapy Solutions (OTS), LLC to release/obtain pertinent information from/to other professionals or organizations concerning the above named client. I understand that this information will be used solely for the purpose of speech/language/hearing/medical diagnosis and or therapeutic management. **OTS.** _____.

(Initial)

TO BE COMPLETED BY OTS

It is hereby requested that the following data regarding the above named client be released to/obtained from the following person(s) and/or agency:

Name: _____

Address: _____

Specific Information to be Released/Obtained:

Name:

Signature

Relationship to Client

Date