



Team Autism

M E M P H I S

2018 EXETER ROAD • THE OFFICE CENTER • GERMANTOWN, TENNESSEE 38138 • (901) 337-7524

RELEASE OF INFORMATION

This form allows TAM to release and obtain the patient's report and/or any information to their physician's and/or schools.

TO:

TO:

TO:

PATIENT'S NAME:

BIRTHDATE:

I hereby authorize the release of medical, psychological, and/or education records to or from Team Autism Memphis, 2018 Exeter Road, Germantown, TN 38138.

I understand that I may revoke this consent to release information at any time. It is further understood that these records are confidential to the agency(ies) named above.

Parent Name Printed:

Parent/Guardian Signature:

Date: