



The Baltimore Therapy Center, LLC  
103 Old Court Rd., Suite A  
Baltimore, MD 21208  
443-598-BTC1 (2821)

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**Authorization for Release of Confidential Information of a Minor**

I, \_\_\_\_\_, hereby authorize the following people to disclose information about my child, \_\_\_\_\_, (date of birth: \_\_\_\_\_) to Baltimore Therapy Center staff, for the purpose of facilitating treatment (*please include name and phone number*):

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and for the Baltimore Therapy Center to disclose:

- all information relevant to my child's case.
- only that my child is in treatment.
- only the following information:

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This authorization shall be voided at the termination of therapy, or at any such time as I choose to revoke it in writing.

Name of patient: \_\_\_\_\_

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

Signature of parent/guardian: \_\_\_\_\_