

**Nimble Kids LLC d/b/a  
Comprehensive Therapy Children's Center  
212 Riverstone Drive  
Canton, Ga. 30114  
770-345-7796**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthdate

**Authorization for Release of Information**

I hereby give permission for Comprehensive Therapy Children's Center to  
obtain/release information to/from: *(Doctors, Insurance, Medicaid)*

\_\_\_\_\_  
Name of Person or Agency

\_\_\_\_\_  
Address

The following information may be released/obtained:

\_\_\_\_\_  
\_\_\_\_\_

For the purpose of \_\_\_\_\_  
\_\_\_\_\_

All information released/obtained by Nimble Kids LLC d/b/a Comprehensive  
Therapy Children's Center will be held strictly confidential and cannot be  
released without my written consent. This authorization will remain in effect  
indefinitely or until written notice to cancel.

\_\_\_\_\_  
Parent/Guardian's Signature