

**CONSENT FOR TREATMENT AND AUTHORIZATION TO
RELEASE INFORMATION**

CLIENT: _____

I hereby authorize _____ to perform upon request or the above-named client appropriate assessment and treatment procedures.

I further authorize Vista Rehab Services to release to designated persons, agencies or facilities any information acquired in the course of the examination and treatment.

Signature: _____ Date: _____

Designated Persons/Agencies/Facilities

1. Name: _____

Address: _____

2. Name _____

Address: _____

3. Name: _____

Address: _____