

# Miller Home of Lynchburg

2134 Westerly Drive  
Lynchburg, Virginia 24501  
(434) 845-0241  
Fax: (434) 845-5848

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Immunizations              | <input type="checkbox"/> Education Records  | <input type="checkbox"/> Medical             |
| <input type="checkbox"/> Dental                     | <input type="checkbox"/> Counseling Records | <input type="checkbox"/> Treatment Summaries |
| <input type="checkbox"/> Psychological Evaluation   | <input type="checkbox"/> Social History     | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Substance Abuse Evaluation | <input type="checkbox"/> Progress Notes     | <input type="checkbox"/> Other: _____        |

To Whom It May Concern,

The individual below is being considered for placement at Miller Home of Lynchburg. Her guardian has signed a release of information below and we would appreciate your sending any records you may have to the address listed above. Your records will be reviewed as part of the admission process and if the child is accepted, they will also assist Miller Home in service delivery. Since records must be received before an admission decision can be reached, all parties would appreciate your timely response.

If any questions arise, please feel free to contact me at (434) 845-0241 Monday through Friday 9:00 am to 4:30 pm.

Thank you,  
Morgan Kane  
Program Director

## Authorization for Release of Information

Permission is given to \_\_\_\_\_

to release any information, reports or data of psychological, educational, and/or medical nature to the Miller Home regarding \_\_\_\_\_.

Information can be released in written or verbal form and will be used for admission evaluation purposes.

It is understood that this information will be kept confidential and will be used in the best interests of the child in question.

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Parent/Guardian

Date

This authorization will expire on \_\_\_\_\_ (one year from signature date)