

OT 4 KIDS
751 Alameda de las Pulgas
Belmont, CA 94002
(650) 592-1112
FAX: 1 (866) 814-7781

Communication, Exchange of Information and Release of Records Agreement

Concerning (My Child) _____

I give permission to my child's therapist at OT 4 KIDS to exchange information and communicate about my child's treatment with myself and my child's other parent. These routine communications may involve scheduling appointments, test results, progress reports, invoicing, etc. I am agreeable for these communication exchanges to be conducted by:

_____ E mail _____ Phone
_____ I would prefer written progress reports and test results by hard copy only
_____ I would like to have electronic copies of written evaluation and progress reports

Parent Signature _____ Date: _____

OT 4 KIDS follows confidentiality procedures and will not communicate with other persons or professionals without your explicit written permission. In the instance that you would like OT 4 Kids to receive or share information from others working with your child please complete the following:

I hereby authorize OT 4 KIDS to:

_____ Receive information/reports from
_____ Exchange Information with
_____ Give reports to

Professional: _____ Title _____

Professional: _____ Title _____

Contact Information _____

These communications may be conducted by _____ Phone _____ E mail _____ Either

Parent Signature _____ Date _____