



Authorization to Exchange, Obtain or Release Information

Client Name: _____

Date of Birth: _____

I _____ (client or family member) hereby grant TicTalkToes Therapy permission to release and/or exchange information regarding the client with the following persons or agency:

Name:

Contact Information:

Information to Be Released:

- Medical History
- Therapy Evaluation/Screening Results
 - SLP OT PT Other: _____
- Therapy Progress/Treatment Notes
 - SLP OT PT Other: _____
- School Records (Evaluations, IEP, academic reports, etc.)
- Other:

For the Purpose Of: (check all that apply)

- Coordinating care with other professionals
- Providing continuity of services
- Updating therapeutic progress
- Other _____

- I grant permission to exchange information via written and mailed report, phone call, meeting, email, or fax.
- I understand that unless revoked or termination of services, this authorization will remain valid until written revocation of this authorization is presented.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

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