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phone (847) 234-0688 **(847) 234-0687 fax**

SpeechKids/OT Kids • Play Partners • Classroom Connection • North Shore Teen Center

Authorization For Release/Exchange of Information

Child's Name___________________________________ Birth Date_____________________

For the purpose of payment for treatment, planning and coordinating quality services, and staff education, concerning the release and exchange of confidential information, I give permission for CLINICAL CONNECTIONS to release and exchange the following:

- ☐ Invoices/statements/payment information
- ☐ Release of reports
- ☐ Release of other permanent and temporary records
- ☐ The exchange of information via telephone
- ☐ The exchange of information via e-mail
- ☐ The exchange of information at staff meetings
- ☐ ***Do not release any information***

Information is described, but not limited to:

- ☐ Diagnosis and treatment codes
- ☐ Health, Family, Educational, and Social History
- ☐ Medications
- ☐ Patient profile (strengths, needs, skills)
- ☐ Previous, current, and pending healthcare treatment
- ☐ Test scores and other assessment results
- ☐ Behavior and management techniques
- ☐ Recommendations
- ☐ Other____

The information about my child may be exchanged in person, by phone or in writing between:

Insurance Co. ____________________________ **School** ______________________________

Phone (**)**____________________________ **Phone (** **)**____________________________

Contact___________________________________ **Contact** __________________________________

Agency __________________________________ **Agency** _________________________________

Phone (**)**____________________________ **Phone (** **)**___________________________

Contact _________________________________ **Contact** _________________________________

I understand that I may revoke this consent at any time, if the revocation is placed in writing, and that I have the right to inspect and copy the information to be disclosed and can be charged a reasonable fee for the copy.

____ _________________________

Parent or Legal Guardian signature Date

____ Period for which Release is valid. (1 year maximum)