

Release of Information

Name of Child:

Child's Date of Birth:

If there are records that would be helpful in the provision of occupational therapy services to your child, please complete the following release of information.

I, _____,

authorize _____

to disclose information to Fidalgo Island Pediatric Occupational Therapy.

If you would like us to share information about occupational therapy provided by Fidalgo Island Pediatric Occupational Therapy, please complete the following release of information.

I, _____,

authorize Fidalgo Island Pediatric Occupational Therapy to disclose information to: _____

I understand that the purpose of this release is to allow Fidalgo Island Pediatric OT to exchange information about my child in any form including verbal, written and electronic with the above named entity in order to facilitate appropriate treatment, medical care, monitoring, and to promote public safety.

I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as follows:

I release this information up to the following date (initial one):

Ninety (90) days from the date listed _____

Other (specify length of time) _____

Name of Parent/Guardian: _____

Signature: _____

Date: _____