



**AUTHORIZATION FOR
EXCHANGE OF INFORMATION**

Patient Name: _____ **Date of Birth** _____

Many of our clients see other providers and therapists to provide comprehensive treatment for the child's deficit areas. We find it is important to communicate with them so the whole team knows what we are working on in therapy at our clinic. Please list name and locations of other providers below.

_____ **Primary Care Physician** _____ **Naturopath**

Name _____ Clinic _____
Address _____ City/State/Zip _____
Phone # _____

_____ **Occupational Therapist** _____ **Physical Therapist** _____ **Speech Therapist**

Name _____ Clinic _____
Address _____ City/State/Zip _____
Phone # _____

If applicable, please list other clinicians that you would like your therapist(s) to be in communication with:

_____ **Chiropractor** _____ **Counselor** _____ **Cranial Sacral Therapist** _____ **Developmental Optometrist**
_____ **Audiologist** _____ **Educational Providers (teachers, school, tutor)** _____ **Neurologist**
_____ **Psychologist** _____ **Other**

Name _____ Clinic _____
Address _____ City/State/Zip _____
Phone # _____

Name _____ Clinic _____
Address _____ City/State/Zip _____
Phone # _____

Name _____ Clinic _____
Address _____ City/State/Zip _____
Phone # _____

___ I do not authorize you to exchange medical information with any of my child's other providers.

___ You may communicate via email with my child's other providers. I understand that standard email communication is not secure and can potentially be intercepted and read by unauthorized individuals. Email communication will be treated with the same confidentiality as written medical records and will become part of your child's permanent record.

___ I opt out of email authorization.

By signing this form I authorize Children's Therapy of Woodinville to exchange health information with the providers listed above. This agreement will remain in effect until I give written notice of any changes.

Signature of Responsible Party	Print Name of Responsible Party	Date	Staff Initials	Date