

Consent to Release Private Data | Release Form

To all parents/guardians, by signing this release of information form:

You give (School's Name) _____ the permission to release, obtain, and exchange your child's information with VEEMAH, school-based therapy provider. Please complete all sections below in full to coordinate services for your child.

Child/Student Name: _____

Child/Student Date of Birth: _____

Child/Students: Primary Address: _____

Parents/Guardian Name (1): _____ Phone: _____

Parents/Guardian Name (2): _____ Phone: _____

Primary Email(s): _____

Students Insurance Information (For students self-Insured through government funded plan ONLY) Please complete all fields below. This information is required for billing and must be on file before services can begin.

Insurance Name: _____ PMI: _____

ID Number: _____ Group Number: _____

Student's Insurance Information (For Private Insurance ONLY – Provided through Parent/Guardian's Employer) Please complete all fields below. This information is required for billing and must be on file before services can begin.

Insurance Company Name: _____

Name of Adult Insured: _____ Date of Birth of Adult Insured: _____

Address of Insured: _____

ID Number: _____ Group Number: _____

PRINTED NAME Parent/Guardian: _____

SIGNATURE Parent/Guardian: _____ **Date:** _____

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I, _____ (Parent/Guardian) give permission for
_____ (School's Name) to:

☐ Share information about my child with VEEMAH Integrated Wellness and Consulting Services, LLC

☐ Receive information about my child from VEEMAH Integrated Wellness and Consulting Services, LLC

Purpose of Sharing Information

☐ To support collaboration for school-based mental health services

Initials: _____ I understand this allows my child's school to share contact information (parent and student) with VEEMAH.

Initials: _____ I also give permission for the school to share my child's IEP or 504 Plan, if applicable.

This permission begins on the day I sign this form and will remain valid for up to one year.

I understand I can cancel this consent at any time by sending a written request to:

VEEMAH Integrated Wellness and Consulting Services, LLC –
INFO@VEEMAHCONSULTING.COM Office: 763-202-4767

PRINTED NAME Parent/Guardian: _____

SIGNATURE Parent/Guardian: _____

Date: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL SOCIAL WORKER.