

One of a Kind

T H E R A P YTM
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Release of Information

Child's Name: _____

Your consent is needed to share certain types of your/your child's health information including but not limited to:

Therapy goals
Progress
Treatment plans

This information will be shared to help treat, manage, and collaborate for your/your child's health needs. You may consent to share all of this information or just some of this information.

I consent to share the following information:

All ☐

Or

All except (please list information you do not want shared)

Information may be shared among: (Please list all parties outside of One of a Kind Therapy, additional parties may be listed on a separate sheet)

1. _____ Hand Over Hand _____
2. _____ Public School District (only if requested by the district during assessing for transition)
3. _____
4. _____

By signing this form I understand:

- My/My child's information may be shared among each agency and person listed above
- My/My child's information will be shared to help diagnose, treat, manage and collaborate for my child's healthcare needs
- My/My child's consent is voluntary and will not affect my ability to obtain necessary therapy services

- My/My child's health information may be shared electronically
- This form does not affect the sharing of my/my child's physical health information for purposes of treatment, payment, or healthcare operations or as otherwise allowed by law
- The sharing of my/my child's health information will follow state and federal laws and regulations
- I can withdraw my consent at any time, however any information shared with or in reliance upon my consent cannot be taken back
- I should inform all agencies and people listed on this form when I withdraw my consent
- I can have a copy of this form

My consent will expire on the following date, event or condition unless I withdraw my consent. (If expiration date is left blank or is longer than one year, the consent will expire upon completion/termination of services)

I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Yes ☐ No ☐

Relationship to individual

Self ☐ Parent ☐ Guardian ☐

Signature: _____

Printed Name: _____

Date : _____