

One of a Kind

T H E R A P Y TM
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P: (973) 477-9071 • F: (973) 321-4070

Child's Name: _____

Date: _____

Parent 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. _____
2. _____
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: _____