Formerly Hamaguchi & Associates

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Exchange of Information/Release of Records
School/Professional Staff

I, _____ *(parent/guardian name)*, give my permission to the staff at Hamaguchi & Associates to exchange information regarding my child,

_____*(child's name)* in the following manner:

_____ **You may request information from the professional below for input for assessment purposes only. After a review of the assessment report, I will consider whether further permission is granted.**

_____ You may contact this person to discuss my child's speech therapy program, including information about the diagnosis, goals, techniques, etc. as well as solicit feedback regarding the child's progress at school or in other therapeutic environments

_____ Communicate via email
_____ Conduct meetings or observations in person
_____ Communicate via phone
_____ Exchange reports/records

_____ **ALL of the above**

You have my permission to contact/respond to the following professional:

Name: _____

Position: _____

Address:_____

Agency/School_____

Email: _____

Phone:_____

_____ _____
Parent Signature Date

*If divorced and sharing joint custody under court order, both parents must sign below to give us permission to exchange information

_____ _____
Signature of second parent Date

Permission can be revoked at any time by written request