

Hamaguchi & Associates

### Pediatric Speech-Language Pathologists, Inc.

20111 Stevens Creek Blvd., Suite #145

Cupertino, CA 95014

(408) 366-1098 • fax (408) 366-1011

www.hamaguchiandassociates.com

**Exchange of Information – Caregiver/Relative/Transporter**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name), give my permission to the staff at*

*Hamaguchi & Associates to exchange information regarding my child,*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to the following person:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (*name of caregiver/relative/transporter)*

**The following information may be shared: (please check all that apply)**

\_\_\_\_ Information about what activities were conducted during the session, what to work on, and/or how the child did that day.

 \_\_\_\_ Answer questions about the child’s diagnosis if asked.

\_\_\_\_ Person named above may observe part of or all of a session.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*