Formerly Hamaguchi & Associates

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Exchange of Information/Release of Records Form - Physician

I, _____ *(parent/guardian name),* give my permission to the staff at Hamaguchi & Associates to exchange information regarding my child, _____, including information about his/her diagnosis and therapy program in the following manner.

_____ Communicate via email
_____ Exchange reports/records
_____ Communicate via phone
_____ ALL of the above

Physician's Name:

_____

Address:

_____

Hospital/Practice Affiliation: _____

Email (if known):

_____

Phone:_____

_____ _____
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