



Formerly Hamaguchi & Associates

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## Exchange of Information – Caregiver/Relative/Transporter

I, \_\_\_\_\_ (parent/guardian name), give my permission to the staff at Bright Stars Pediatric Speech Therapy Inc. 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\*\*

