

Authorization for Release of Information Form

TODAY'S DATE

CLIENT NAME

CLIENT DATE OF BIRTH

PARENT/GUARDIAN NAME

RELATIONSHIP TO CHILD

PHONE NUMBER

EMAIL ADDRESS

**I authorize Connected OT to send brief/or
detailed messages to the following:**

- _____ Home Phone Voicemail
- _____ Parent Mobile Phone Voicemail/ Text
- _____ Caregiver Mobile Phone Voicemail/ Text
- _____ Parent Email

**I do not wish the following individuals
to receive any information:**

Please check off:

- _____ I give permission for the clinician to discuss observations/ findings with my child's teacher(s) at the _____
(School/ Center)
- _____ I do **not** give permission for the clinician to discuss observation findings with my child's teacher(s). My child's teacher(s) may
be aware that a session/ evaluation is taking place; however, I prefer for specific findings to remain confidential.

Connected OT follows HIPAA Laws:

- Health records and billing information are protected from disclosure to any second or third parties.
- Client information is protected from other third parties.
- Client information can be provided to other second parties such as Connected OT staff for efficient quality of care. Authorization Forms for Medical Release must be signed in order for information to be provided to any parties.
- Health information cannot be utilized for marketing purposes without consent from signing the Authorization Form for Medical Release.
- Photographs and videos cannot be utilized for marketing purposes without consent from signing the Media Release Form.

PARENT/GUARDIAN SIGNATURE

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Therapeutic & Family Services, Consultations, Mind/Body Wellness, Case Management

www.Connected-OT.com