

# Creative Kids Therapy



Speech - Language • Occupational • Physical Therapy

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## Authorization to Exchange, Obtain or Release Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I \_\_\_\_\_ (client or family member) hereby grant Creative Kids Therapy permission to communicate with the following person or agency:

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Information to Be Released:

- Medical History
- Evaluation/Plan of Care     SLP     OT     PT     Other: \_\_\_\_\_
- Treatment Notes     SLP     OT     PT     Other: \_\_\_\_\_
- School Records (Evaluations, IEP, academic reports, etc.)

### For the Purpose Of: (check all that apply)

- Coordinating care with other professionals
- Providing continuity of services
- Updating therapeutic progress
- Other \_\_\_\_\_

I grant permission to exchange information via written and mailed report, phone call, meeting, email, or fax.

I understand that unless revoked, this authorization will remain valid until written revocation of this authorization is presented.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client