Advance Therapy
Occupational, Physical, and
Speech Language Therapy for Children
"Helping children shine!"

CONSENT TO RELEASE INFORMATION

I authorize Advance Therapy staff to exchange, disclose and receive information regarding my child with the following people/organizations:

Name/Organization	City	Phone/FAX
Name/Organization	City	Phone/FAX
Name/Organization	City	Phone/FAX

Information to be exchanged includes: (please check any and all that apply)

□ IEP
□ IFSP
□ Therapy Reports
□ Medical Reports
□ Psychological Reports
□ General Verbal Communication
□ Recommendations

This information may be exchanged via phone, written documents, mail, fax, and email (no personally identifying information).

Information exchanged will be used solely for the purpose of evaluation and treatment planning for:

Child's Name _____ Birthdate _____

I understand that my records are protected and can not be disclosed without my consent. I may revoke this authorization at any time.

Parent/Guardian Signature _____ Date _____

6776 Lake Drive, #220 Lino Lakes, MN 55014 Phone: 651-784-7007 Fax: 651-784-7992
2555 County Rd E East #102 White Bear Lake, MN 55110 Phone: 651-683-2953 Fax: 651-705-0051
www.AdvanceTherapy.org