

**EDUCATION AND THERAPY ASSOCIATES, INC.**  
15000 Los Gatos Blvd. Suite 8 Los Gatos, CA 95032  
Phone: 408-356-7603 or Email: etainc@gmail.com

**RELEASE OF INFORMATION**

Dear Parents:

It may also be necessary to contact other professionals by telephone or email. In order to do so, we need you to sign the "Release of Information" form section #1. If you **DO NOT** wish to give us permission to obtain and exchange information please sign section #2.

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

**#1** I do give Education and Therapy Associates, Inc. permission to obtain and exchange confidential information, such as medical, psychological, educational and speech/language records with other authorized persons or agencies.

It is understood that this information is to be used in confidence. Such information shall only be obtained from or released to those individuals and/or agencies authorized below.

PHYSICIAN'S NAME:  
ADDRESS:

INSURANCE COMPANY:  
ADDRESS:

SCHOOL:  
ADDRESS:

OTHER:  
ADDRESS:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**#2** I do not wish for information to be obtained from, or exchanged with any other professionals, schools or insurance companies.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_