

EDUCATION AND THERAPY ASSOCIATES, INC.
315 University Avenue – The Cottage Los Gatos, CA 95030
Phone: 408-356-7603 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 _____

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

SIGNATURE _____ DATE _____