BAUTZ DEVELOPMENTAL INTERVENTION, INC. bdi Playhouse CHILDREN'S THERAPY Phone: (708) 478-1820 Facsimile: (708) 231-7248

Consent for Release of Information

Child's Name:	Date of Birth:

Contact Person Name & Phone Number

Name:	Phone Number:

Please list ALL parents who should be given access to medical and financial records concerning their child:

Would you like progress to be discussed with and/or have documentation provided to the caregiver who transports the child to therapy? YES____ or NO____

Information (including written and verbal communication) may be released to or obtained from:

Name	Role/Title	Contact Info

Consent Statement

I _____ hereby give consent to Bautz Developmental Intervention, Inc
Consenting Individual

to release/obtain information concerning_____ to/from the above listed
Child's Name

persons, agencies, etc. I understand that this information is needed for the purpose of ensuring coordinated efforts and communications between all involved parties listed above. Information may also be released to my funding source if needed. It is understood that I have the right to request to inspect and copy information that is to be disclosed. I further understand that my consent is voluntary and can be withdrawn at any time.

_____

Signature of Consenting Individual Date

_____

Relationship to Child Date