



COMMUNICATION CONSENT

It is the office policy of Backyard TreeHouse Pediatric Therapy Center, P.C. not to release confidential and/or unauthorized information by home telephone, answering machines, voice mail, cell phone, and/or pager unless otherwise directed by the parent/guardian. Whenever returning a phone calls, and an answering machine picks up, we will leave a message for you to call us back.

I authorize Backyard TreeHouse Pediatric Therapy Center, P.C. to leave medical information pertaining to my child's care by the following methods and I will assume responsibility to notify them whenever this information changes.

May we call the home telephone? # _____ Yes _____ No _____

May we leave a message on an answering machine? Yes _____ No _____

May we leave a message at your work? # _____ Yes _____ No _____

May we call your cell phone or pager? # _____ Yes _____ No _____

May we fax medical records to another medical professional or insurance company as requested for medical information? Yes _____ No _____

May we leave information with someone other than yourself? Yes _____ No _____

If yes, please list names of authorized people and relationship to child:

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian