



Consent to Release & Share Information

Child's Name _____ Date of Birth _____

- I hereby authorize Backyard TreeHouse Pediatric Therapy Center, P.C. to disclose all or part of my child, _____'s medical records to any person, corporation or agency when required for the collection of benefits or payment of Backyard TreeHouse Pediatric Therapy Center, P.C. charges.

Parent initials
- I hereby authorize any physician, clinic, hospital, institution or school to release medical and psychological information, including prescription(s) for evaluation(s) and/or treatment, regarding my child, _____ to Backyard TreeHouse Pediatric Therapy Center, P.C. I understand that this information is to be used for professional purposes only and that it will be regarded as confidential. I authorize Backyard TreeHouse Pediatric Therapy Center, P.C. to contact any persons or institutions to obtain any additional information regarding my child, when necessary.

Parent initials
- I hereby authorize Backyard TreeHouse Pediatric Therapy Center, P.C. to release therapy reports regarding my child, _____, to my child's physician, and any clinic, hospital, institution, insurance company, school, and other: _____.

Parent initials
- I hereby authorize Backyard TreeHouse Pediatric Therapy Center, P.C. to use the photographs and video taken of myself or my minor child during the sessions for educational, informational and promotional materials.

Parent initials
- I understand that Backyard TreeHouse Pediatric Therapy Center, P.C. also serves as a training facility and at times other therapists may be observing, handling, or have access to my child's medical information. I give my permission for the above interaction to take place for educational purposes.

Parent initials

This information will be part of my child's record maintained at Backyard TreeHouse Pediatric Therapy Center, P.C. The record is available for my review and may be reproduced or updated at my request. I understand that I may revoke this release of information/consent, in writing, at any time. Such a revocation does not apply to releases prior to the date of the request.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian