

Consent for Professional Exchange of Confidential Information

Please print out, sign, and return this form to Jeanette Rivera

I acknowledge having discussed confidentiality issues with Jeanette M. Rivera, Educational Therapist, and give my consent for the discussion of confidential information about my son/daughter,

Child's Full Name

with other professionals who may contribute to understanding his/her skills and/or behavior. I understand that the purpose of this exchanges is to support the development and follow-up of an appropriate team effort to benefit my son/daughter.

Name of Parent/Guardian

Signature Parent/Guardian

Date

Name

Title/Position

Phone

Email Address

Name

Title/Position

Phone

Email Address

Name

Title/Position

Phone

Email Address

Name

Title/Position

Phone

Email Address