



Consent to Release/Exchange Confidential Information

I, _____, relationship to minor _____
hereby give my consent to North Shore Family Services, LLC and any of our agents or employees,
to release information about _____ with:

School _____
Teacher(s) _____
Other school professionals/Title(s) _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____ Email: _____

Pediatrician _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____ Email: _____

Other professional (OT, PT, Speech, psychiatrist, psychologist, etc) _____
Title: _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____ Email: _____

Other professional (OT, PT, Speech, psychiatrist, psychologist, etc) _____
Title: _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____ Email: _____

Other professional (OT, PT, Speech, psychiatrist, psychologist, etc) _____
Title: _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____ Email: _____

This information may include written reports, verbal reports, and relevant family information. Such information will be used for collaboration and coordination of services. You have the right to inspect and copy any written records prior to disclosure.

Copies (or facsimiles) of this release are to be treated as having the same validity as the original. However, if the consent is revoked after a disclosure has occurred, the revocation has no effect with respect to prior disclosures.

Signature if client is 12 or older: _____ Date: _____

Parent(s) Signature: _____ Date: _____

This consent is valid for one year from signed date.