



**North Shore
Family Services**

Consent to Release/Exchange Confidential Information

I, _____, parent/guardian of client under the age of 18, hereby give my consent to North Shore Family Services, LLC and any of its agents or employees, to release or exchange information* about my child/teen _____ (print name) with:

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

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

Other professional (circle title: OT, PT, speech, psychiatrist, psychologist, specialist, etc.) _____
Title: _____
Street Address _____
City, State, Zip _____
Phone _____ Fax _____ Email: _____

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

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

**This information may include written reports, verbal reports, and/or 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 of client, age 12 or older: _____ Date: _____

Parent(s)/Guardian's Signature: _____ Date: _____

This consent is valid for one year from signed date.