

Pediatric Physical & Occupational Therapy Services, LLC
The offices of Rosemary White, OTR/L & Associates

Main Office

20310 19th Ave NE
Shoreline, WA 98155
Ph: 206.367.5853
Fax: 206.367.9609

Clinic Info

www.pedptot.com
office@pedptot.com
TIN: 42-1613982
NPI: 1356415756

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Child's Name _____ Date _____

Child's Date of Birth _____

I hereby authorize *Pediatric Physical and Occupational Therapy Services* to give and/or receive in verbal, written, or video form information pertaining to the above-named child.

I authorize exchange of information between *Pediatric Physical and Occupational Therapy Services* and the party or parties listed below:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A photocopy of this document shall be considered to be as valid as the original. This authorization for release of information shall remain in effect until revoked and may be revoked by myself at any time by giving a written notice to *Pediatric Physical and Occupational Therapy Services*.

I understand that the information obtained will be treated in a confidential manner and will not be given to a third party without my permission unless required by law.

Parent/guardian signature

Please Print Parent/Guardian name Relationship to the Child

Street address City, State, Zip

Phone