

Maureen Brady OT
918 S. Horton St. Ste. 423
Seattle, Washington 98134

Authorization for Exchange of Information

Name: _____

Date: _____

Date of Birth: _____

I hereby authorize Maureen Brady OT to give and/or receive in verbal, written, or video form information pertaining to the above-named individual.

I authorize exchange of information between Maureen Brady OT 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 by myself at any time by giving a written notice to Maureen Brady OT.

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

Parent/Guardian Signature

Please Print Parent/Guardian name Relationship

Street Address City, State, Zip

Phone

Email Address