



## **Communication, Exchange of Information and Release of Records Agreement**

Concerning (My Child) \_\_\_\_\_

**Corry Wagner, OT with Bay Area SpeechWorks follows confidentiality procedures and will not communicate with other persons or professionals without your explicit written permission.** In the instance that you would like Corry Wagner to receive or share information from others working with your child please complete the following:

I hereby authorize Corry Wagner, OT with Bay Area SpeechWorks to:

\_\_\_\_\_ Receive information/reports from

\_\_\_\_\_ Exchange Information with

\_\_\_\_\_ Give reports to

Professional: \_\_\_\_\_

Title : \_\_\_\_\_

Contact Information: \_\_\_\_\_

Professional: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

These communications may be conducted by  
\_\_\_\_\_ Phone \_\_\_\_\_ E mail \_\_\_\_\_ Either

Parent Signature: \_\_\_\_\_

Date : \_\_\_\_\_

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I give permission to Corry Wagner, OT with Bay Area SpeechWorks to exchange information and communicate about my child's treatment with myself and my child's other parent. These routine communications may involve scheduling appointments, test results, progress reports, invoicing, etc. I am agreeable for these communication exchanges to be conducted by:

\_\_\_\_\_ E mail \_\_\_\_\_ Phone

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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