 Therapy for Language and Communication

300 Church Street, Unit 102

Wallingford, CT 06492

Phone: (203) 410-0974

 Fax: (888) 890-7890

**2023 Request to Share Treatment Information**

We respect your privacy, and the privacy of your child. Our Privacy Practices are available at any time for you review. However, in order for your child to get the most out of therapy, you may want us to discuss his/her program with other family members, care givers, therapy providers, teachers, pediatrician, etc…

We are happy to collaborate with anyone that you feel is an important part of your child’s team. Please indicate below the individuals to whom Therapy for Language and Communications, LLC may communicate with regarding your child’s treatment. Please remember to include spouse, grandparents, or other caregivers who may bring your child to their sessions.

Your Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Contact Information |
|  | Caregiver |  |
|  | Pediatrician |  |
|  | Educator |  |
|  |  |  |
|  |  |  |

This form will be considered valid until you request an update, which you may do at anytime. Please note that we may ask you to update this form once a year to be sure we have the most current information on file. Thank you for choosing TLC for your child’s care.

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_