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 Jeff Marks, OTR/L, Director

Permission to Exchange Confidential Information

If you file a claim with your insurance company for services provided at PlaySteps for Developing Kids, we may be required to provide information to the insurance company to assist in processing your claim. In addition, we may need to communicate with other professionals who work with your family. Your signature below gives us permission to provide information your insurance company requests; please add any other entities with whom we have your permission to share information about your child. Your signature also gives us permission for electronic transmission of information to these entities, such as through email. These above permissions can be revoked, in writing, at any time. It will otherwise be considered valid for five years.

Please indicate if you have any restrictions regarding forms of communication with other entities (such as insurance or other professionals): _____

I hereby grant permission for the exchange of information about my child,

 Child's Name Birthdate

between PlaySteps for Developing Kids and my medical insurance company, as well as the following individuals or agencies:

Name	Address and Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are the child's parents divorced? Yes _____ No _____

If yes, both parents must sign below.

_____ Parent's signature, date

_____ Parent's signature, date