



BLACK OAK THERAPY

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CONSENT FOR THE EXCHANGE OF INFORMATION

This form provides your therapist with written permission to communicate with other individuals (e.g., other therapists, teachers, health care providers, etc.) regarding the you or your child's medical/education history, evaluation results, treatment plan and/or treatment progress.

I, _____, authorize Alex Stewart of Black Oak Therapy to release or exchange of information related to the assessment findings and treatment plan regarding _____ (Date of Birth: _____) with the following parties:

Name: _____
Relation: _____
Address: _____

Name: _____
Relation: _____
Address: _____

Phone Number: _____
Email: _____
Notes: _____

Phone Number: _____
Email: _____
Notes: _____

Name: _____
Relation: _____
Address: _____

Name: _____
Relation: _____
Address: _____

Phone Number: _____
Email: _____
Notes: _____

Phone Number: _____
Email: _____
Notes: _____

Signature of Authorization

Therapist Signature of Authorization

Authorizing party name (Please Printed)

Date

Date