

Release of Information Consent

I consent to communication between the music therapist at Helping Hand Center and other therapists, teachers, and/or doctors that have previously worked and/or are currently working with my child. I understand that information may be shared with another member of my child's treatment team outside of Helping Hand Center, as well as shared with professionals within Helping Hand as part of the treatment process. I understand that the information that is released between the treatment providers is confidential and is for the well being of my child.

Parent/Guardian

Date

Parent/Guardian

Date

