



## Consent to Exchange Confidential Information

If you file a claim with your insurance company for services provided at Laughing Giraffe Therapy, 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 child and your family. Your signature below gives us permission to provide this information. Please provide information for your insurance company as well as any other individuals or agencies with whom we have your permission to share information about your child. This permission can be revoked at any time.

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

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Birthdate

between Laughing Giraffe Therapy and the following individuals or agencies:

**Individual/Agency Name**

**Address and Phone Number**

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

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

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