

PLAYWORKS
Pediatric Therapy Services of Sandy Buttine
12880 Hillcrest Rd. Suite 102
Dallas, TX 75230
972.387.1100 / fax 972.692.7332

Child's Name _____ Date of Birth _____
 Mother's Name _____ Father's Name _____
 Name of legal representative (if other than parent) _____

- I hereby request and authorize the disclosure of the above named individual's medical information to **PLAYWORKS** at the address indicated above. I understand that it may be necessary for my child's health care providers to discuss these records and I authorize the reciprocal exchange of information between **PLAYWORKS** and the following providers/persons regarding my child. I authorize the exchange of information to be in the form of written communication, phone conversations and/or e-mail.

Name / Professional	Contact Information

- I understand that the information in my child's medical record may include sensitive information relating to medical, behavioral, psychological and/or social and family matters.
- I understand that this authorization and release will remain in effect for one year from the date signed. I further understand that I may revoke this authorization and release at any time by notifying **PLAYWORKS**, 12880 Hillcrest Road, Suite 102, Dallas, TX 75230. I understand that the revocation will not apply to information that was released prior to the revocation.
- I understand that authorizing the disclosure of this health information is voluntary and that my child's health care treatment and eligibility for benefits will not be affected if I do not sign this form.
- I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may no longer be protected by federal and state privacy laws.
- I understand that I may inspect a copy of the information to be used or disclosed, as provided by federal law. If I have questions about disclosures of my child's health information, I can contact **Sandy Buttine, OTR.**

 Signature of Parent / Legal Guardian

 Date