



Privacy Information Communication:

We give permission for initial evaluations to be sent to primary care physicians including family practice physicians and pediatricians: _____

Private information may be left on the following:

Home Phone Number: (Please list number) _____

Yes: _____

No: _____

Cell Number: (Please list number) _____

Yes: _____

No: _____

I give permission for reports/progress updates and RLA communication to be sent by email in a PDF format or through our email providers. Please list email address if marking yes:

Email Address: _____

Yes: _____

No: _____

Name: _____ Date: _____

Signature: _____ Relationship to Patient: _____