



PERMISSION TO OBTAIN AND RELEASE INFORMATION

Katrina Thompson trading as Kat's Care Services, may, need to collect information from or provide information to other professionals about the participant in order to assess eligibility, plan for and manage appropriate services. The purpose of this form is to obtain your consent to collect and disclose information to these professionals where required.

Name of Participant:
Address:
Date of Birth:
Name of Parent/Guardian:
Phone:

I give permission for Katrina Thompson trading as Kat's Care Services to contact the following persons or agencies to obtain or release information regarding the participant, for the purpose of assessing eligibility for early childhood intervention services, assessments, and/or planning and managing appropriate services for the participant:

(List persons /agencies)

Katrina Thompson - Provider

I confirm the following:

- I understand how the participants personal information and health information will be collected, received, used and disclosed.
- I understand that I may withdraw my consent to obtain or release information to the above persons or agencies at any time.

(Parent/Guardian)

(Date)