



Andrea Davis, Ph.D., Director
 685 E California Bl
 Pasadena, CA 91106
 626-795-7910

Authorization for Release of Information and Records - Child

I have been informed that under California law communication between a client and his/her treatment provider is privileged and may not be disclosed by the provider unless the client consents. I also have been informed that client records maintained by a provider may not be disclosed to third parties except with the client's consent or through the legal process.

I hereby authorize my therapist to video and/or audio record sessions for the sole purpose of review in supervision. Check here if you do not authorize video Check here if you do not authorize audio

I hereby authorize Greenhouse Therapy Center Staff to disclose, release, and/or obtain records to/from the following checked persons and/or entities:¹

Greenhouse Therapy Center	Therapists, Supervisors, Administrative Assistants
Other therapist(s):	
My child's physician/pediatrician:	Dr.
ABA Agency:	
Speech/Language Pathologist:	
My child's teacher:	
Occupational Therapist:	
My child's school:	
My insurance company:	
My child's social worker:	
My family member(s) as listed:	
Other:	

This authorization is only for the limited purpose of releasing information to and discussing my/my child's case with these persons and/or entities for the purposes of evaluation, treatment, and coordination of care.

This authorization shall remain in effect until revoked by me in writing or termination of treatment.

 Printed Name

 Signature

 Date

 Child's Name

 Relationship to Child

¹ Releasing information, particularly in the bolded categories, helps provide a team-treatment approach and the best quality of care for your child. Please include contact information including phone number and mailing address.