

Dear Parent:

Your child is being seen for services by SpeechCare, Inc. at your child's day care facility/ babysitter's home. Please fill out the enclosed form and return it to SpeechCare, Inc. in the enclosed envelope. The form concerns confidentiality with regards to your child's speech/physical/occupational therapy sessions and file. In section 1, please fill out a date when the form expires. This could be one year from today, your child's 3rd birthday, or any period of time you choose. You always have the option of filling out a new form if your circumstances change.

You have several options:

A. You may want your child's caregiver to sign progress notes but not be privy to any information in your child's file. If you would like this option fill out section 1 and 2, making sure to list your caregivers name(s), sign and return.

B. You may want your child's caregiver to sign notes and be privy to the information in your child's file. If you would like this option, please fill out section 1, 2, and 4, making sure to list names in both sections and check the information you will allow the caregiver to see. If you want your child's caregiver to be privy to the information in the file, be advised that the permission will be in effect until you direct us to do otherwise. Please contact us at the number listed below if you change caregivers.

C. You may not want your caregiver to sign notes or be privy to any information. If you would like this option please fill out section 1 and 3, sign and return. Progress notes will be mailed to your home on a monthly basis.

If you have any questions, please contact your therapist or call our office at (717) 569-8972 or toll free (866) 569-8972.

Sincerely,

SpeechCare, Inc. Staff

1. Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
This permission form expires on: \_\_\_\_\_

2. I give permission for (list all names) to sign my child's progress notes.

\_\_\_\_\_  
\_\_\_\_\_

Check all that apply

- Sign Progress Notes  
 Send Progress Notes Home with Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3.  I do not give my permission for my child's caregiver to sign progress notes. I understand that the signature below will represent a "signature on file" for progress notes. I understand that I will be mailed copies of the unsigned progress notes on a monthly basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. I give permission for (list all names) to review the material checked below with regard to my child's speech therapy:

\_\_\_\_\_  
\_\_\_\_\_

Check All That Apply

- IFSP (Individualized Family Service Plan)  
 First Step Evaluation (if one was requested)  
 Progress Notes  
 Service/Support Plan  
 3 Month Reports  
 Access To File Form Consent form  
 Transition Meeting Summary  
 Permission to Evaluate  
 Prescription from Doctor (Physical Therapy clients only)  
 Data Management Form  
 Authorization for Service  
 Evaluation Reports

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date