

Building Blocks Occupational, Physical, and Speech-Language Therapy 398 Hamilton Ave, Fairbanks, AK 99701Ph: (907) 374-4911 Fax: (907) 374-4934

## Consent for Exchange of Information

| I give permiss | ion to Building Blocks Occupational Ther   | apy, Building Blocks Physical |
|----------------|--|-------------------------------|
| Therapy and/o  | or Building Blocks Rehab to exchange info  | ormation with the following   |
| people/agencie | es regarding                               |                               |
| (P             | atient Name)                               |                               |
| Name of perso  | on/agency:                                 |                               |
| Address:       |  |                               |
| Phone #:       |  |                               |
| Name of perso  | on/agency:                                 |                               |
| Address:       |  |                               |
| Phone #:       | <del></del>                                |                               |
| Name of perso  | on/agency:                                 |                               |
| Address:       |  |                               |
| Phone #:       | <del></del>                                |                               |
| Name of perso  | on/agency:                                 |                               |
| Address:       |  |                               |
| Phone #:       |  |                               |
| Name of perso  | on/agency:                                 |                               |
| Address:       |  |                               |
| Phone #:       |  |                               |
|                |  |                               |
|                |  |                               |
| Signature:     |  | Date:                         |
| (F             | Parent or Guardian – if patient is a minor | )                             |