



Authorization for Release and Exchange of Confidential Information

Child's Full Name _____

Date of Birth _____

I (Parent/Guardian), _____ give my permission for release and exchange of information and records between White Tulip and the following:

Name	Address/Agency	Phone Number

The information released will include diagnosis, summary of psychological and psychiatric history and treatments, results of psychological testing and educational assessments, medical information, treatment plan and prognosis, and on-site consultations and observations.

Parent/Guardian Signature _____

Date _____