

Function Focused Therapy Release of Information / Consent Form

Child's Name:
Parent / caregiver Name:
Date:

<p>I give Function Focused Therapy permission to access information and to provide information to the following people regarding my child's occupational therapy and/or early intervention Key Worker services. This will include any relevant health information and or previous assessments by occupational therapists or other health professionals.</p> <p>Psychologist Teacher Principal Doctor Audiologist Speech Pathologist Physiotherapist Specialist Other _____</p>
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<p>I give Function Focused Therapy permission to save confidential health information in my child's digital file to be accessed by the therapist working with my child.</p> <p>Information to be saved will include session notes, assessments, reports, planning documents, consent forms, therapy photographs or videos and any other documents relevant to my child's treatment (eg. previous reports from other health professionals, diagnosis etc).</p>

<p>This information will be used for the purpose of assessment and therapy. Information will be saved into your child's confidential file and will only be shared with the relevant health professionals listed above. Your child's confidential information will be used to transition your child into / or out of our service. Access to this information will assist the therapy team to ensure continuity and consistency of care.</p>	
Signed:	
DATE:	