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CONSENT TO DISCLOSURE OF HEALTHCARE INFORMATION

AN ADDENDUM TO THE SPEECH-LANGUAGE THERAPY CONTRACT

In order to provide your child and you with the best therapy, it is important that we have as much information as possible concerning your child's health, social-emotional, and educational functioning. This includes information pertaining to any medical, psychological, educational, or any other professional testing or reporting. To obtain and share this information, we require your express, informed consent in writing. Most instances of information sharing will be with your child's teacher or any other health professional (e.g., Educational Psychologist, Speech and Language Therapist, Neurologist etc). Subject to the information sharing as provided for above, your child's information will be kept confidential as guided by the **HPCSA Code of Conduct** for Healthcare Professionals and our **Privacy Notice (www.speechies.co.za)**.

I , _____ (full name & surname) _____ (identity number) with this document give my consent to the release of information pertaining to my child _____ (child's name & surname) to the Practice, and the Practice may, consequently, release such information to: (please cross out or delete should you NOT WANT COMMUNICATION AND RELEASE OF INOFMRATION TO A RELEVANT PARTY)

- child's school
- other _relevant_ health professionals involved with the care of my child.

Signed: _____ Date: _____