Speech, OT, & Tutoring
info@a2therapyworks.com
734-369-6002

www.a2therapyworks.com
3200 W Liberty Rd, Suite F
Ann Arbor, MI 48103

Communication Exchange Consent Form

I, _____ (name of responsible party) give permission to A2 Therapy Works, LLC to exchange information about my child _____ whose date of birth is _____ with the physicians, programs, teachers, or persons about my child listed below. I also give permission for A2 Therapy Works, LLC to provide evaluation reports, treatment notes, and consultative services with the identified parties regarding my child.

Name	Phone Number	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Due to HIPAA regulations, in order to protect your privacy, consent is required for our office to communicate with others on your behalf.

_____ _____

Signature Date