Pediatric Occupational Therapy Services
Direct Line: (803) 329-9500 Email: support@mytherapyworld.com

HIPPA Communication Compliance

CONSENT TO DISCUSS WITH FAMILY MEMBER(S) AND/OR PERSONAL REPRESENTATIVE AUTHORIZATION FOR TREATMENT AND/OR FINANCIAL INFORMATION IN THE PATIENTS ABSENCE.

I hereby give my permission for *Therapy World, LLC* therapist and other staff, including clerical, to contact and discuss my medical information with the following individual(s):

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

_____ _____
Signature of Patient or Guardian Date

_____
Print Name of Patient

_____
Print Name of Guardian (if applicable)