

[www.LearningCharms.com](http://www.LearningCharms.com) • Go Your Own Way, Inc. • DBA: Learning Charms

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**Consent For Treatment, Release of Information, & Permission to use images**

**Client Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Request of Information Release:** I authorize Learning Charms to **release and/or obtain** information about my child to/from the following (i.e. physician, specialist, school, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information to be released: (Any service provided by Learning Charms )

Evaluation \_\_\_\_\_ Progress Reports \_\_\_\_\_

Treatment Plan \_\_\_\_\_ Tests \_\_\_\_\_

Discharge Summary \_\_\_\_\_ Visit Notes \_\_\_\_\_

Specific Information NOT to be released (if any): \_\_\_\_\_

**Permission to Photograph and Videotape (Optional):** I give Learning Charms my permission to photograph and/or videotape my child to be used for therapeutic, educational and advertising purposes. Names and other identifying personal or service information would not be used under any circumstance.

\_\_\_\_\_  
Client/Guardian Signature Date

**Policies, Procedures, and Consent for Treatment:** I have received and read the Policies and Procedures and Notice of Privacy Practices from Go Your Own Way, Inc., DBA: Learning Charms and agree to the terms therein, including but not limited to Consent for Treatment and Financial Agreement. This signed consent shall remain in effect until client or guardian fills out a new consent.

\_\_\_\_\_  
Client/ Guardian Signature

\_\_\_\_\_  
Date