



Coordination of Care Medical Release Form

This form provides consent for Learning with Jenn (“LWJ”) providers to coordinate care with outside providers. This includes but is not limited to: Speech Language Pathologist(s), Occupational Therapist(s), Physical Therapist(s), Audiologist(s), Neuropsychologist(s), Developmental Pediatrician(s), Otolaryngologist(s), Ophthalmologist(s), and Gastroenterologist(s). Coordination of care provides opportunities for all providers to work with one another and support one another with their expertise to provide the best quality care for your child. Caregivers are welcome to join all coordination of care meetings and are encouraged to ask questions related to care.

I, _____ (caregiver legal name) provide consent for LWJ providers to coordinate care with _____ organization to discuss care related to my child _____ (first and last name).

Below is information about the organization:

Provider Name: _____

Provider Role (e.g., SLP, OT): _____

Phone Number: _____

Email Address: _____

Address: _____ (number, street, town, state, zip code)

Please check off what information may be released/ discussed:

- Assessments/ evaluations
- Session notes
- Recommendations
- Reports/ discharge report

Statement of Consent:

I acknowledge that I have read and understood this form in its entirety and have been provided an opportunity to have any questions answered about coordination of care.

Date: _____

Caregivers Printed Name: _____

Caregivers Signature: _____