



Rethink Consent Form

This form provides consent for Learning with Jenn (“LWJ”) to store all client medical records on an electronic HIPAA compliant platform called Rethink. Caregivers may also have access to this platform to review information related to scheduling, the individualized behavior support plan and training videos.

I, _____ (caregiver legal name) provide consent for LWJ providers to store electronic medical records about my child _____ (first and last name) on Rethink.

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.

Date: _____

Caregivers Printed Name: _____

Caregivers Signature: _____