



CONSENT TO ASSESSMENT AND RELEASE OF INFORMATION

Client Name: _____ Date of Birth: _____

I, _____
(CLIENT/PARENT/LEGAL GUARDIAN-PLEASE PRINT)

- Consent to an assessment by Blue Water Family Hearing of the above client.
Consent to sharing information about this client with those listed below.
I understand that the report of the initial assessment will be sent to the referring physician and that I will be placed on a recall list if needed.

Information may be transmitted by fax or electronically.

- 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I would like to receive information by e-mail (please initial) _____
(I understand that e-mail is NOT confidential)

The client/parent/legal guardian may change or revoke details of this consent at any time.

Signature of person completing this form

Relationship to child

Date