

**The Southern California DIR®/Floortime™\* Regional Institute**



**CONSENT TO DISCLOSE PRIVILEGED INFORMATION**

Thank you for allowing us to learn from you and your family. Participation in this training effort is voluntary and your decision to allow or not allow us to utilize your information will have no bearing on our continuing efforts to be of help to you. While professional tutoring is not meant to provide professional consultation, the ideas generated from looking at and thinking about the information you provide are indeed meant to help us help you and others in a more effective and meaningful way. Please fill out the form below and have it witnessed by a responsible adult, age 18 or older, and return it to us as your earliest convenience. Thank you.

I, \_\_\_\_\_

(Name of responsible party)

consent to the release of treatment information, including video samples, regarding

\_\_\_\_\_

(Name of person)

for educational purposes, specifically in the tutoring of professionals to assist persons and families with developmental and learning challenges. I understand that the information will be considered confidential and remain within that closed setting of professionals, and that it will not be released beyond that setting without my permission.

I also understand that I may rescind this permission at any time.

Dates of information, videos etc: \_\_\_\_\_ All \_\_\_ Other (specify): \_\_\_\_\_

Consent is valid for a period of: \_\_\_ One year \_\_\_ Unlimited \_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
(Signature of responsible party)

\_\_\_\_\_  
(Relationship to person named)

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Name

\_\_\_\_\_  
Relationship