

Eastside Pediatric Therapy Services Inc.  
Marla Cox, MS, OTR/L  
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Redmond, WA 98052  
425-269-8933  
[marlajcox@msn.com](mailto:marlajcox@msn.com)

**Authorization for Exchange of Information**

Child's Name:

Child's Date of Birth:

I hereby authorize Marla Cox and Eastside Pediatric Therapy Services to give/receive verbal and/or written information pertaining to the above named child.

I authorize exchange of information to the parties listed below:

Name	Address	Phone

I understand that the information obtained will be kept confidential and will not be given to a third party without permission. I also understand that I may revoke this permission at any time by giving written notice to Eastside Pediatric Therapy Services, Inc.

Parent/Guardian Signature:

Relationship to Child:

Phone:

Date: