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### Confidentiality Policy

At Together in Movement we are committed to maintaining client confidentiality. However, due to space constraints, we are unable to meet with each of our clients in a private room at the end of each session. Therefore, we provide you with information about your child's therapy session and home recommendations in the clinic setting. We understand that you may prefer an alternative arrangement. If so, please let us know and we will accommodate you. If you prefer, you can schedule a meeting or phone consult with your child's therapist every 1-2 months in place of one of your child's sessions or in addition to his/her session.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

- I DO GIVE permission for my child's therapist at Together in movement to discuss and share verbal and/or written information about my child in the public clinic at the end of each session.
- I DO NOT GIVE permission for my child's therapist at Together in Movement to discuss and share verbal and/or written information about my child in the public clinic at the end of each session. I will schedule a meeting or phone consult with my child's therapist every 1-2 months to discuss my child's therapy sessions. I understand that I will be billed for this meeting and that I may schedule this meeting in lieu of one of my child's therapy sessions.

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Signature of Parent/Guardian

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Date