

# **Full Circle Math**

Renee Miller - Math Specialist and Educational Coach

[renee@fullcirclemath.com](mailto:renee@fullcirclemath.com) 415-994-2511

I am ethically and legally bound to protect the confidentiality of our communications. I will only release information about my work with your child to others with your written permission or in response to a court order. Because I am a mandated reporter, there are some situations in which I am legally obligated to break confidentiality in order to protect your child from harm. If I am aware that a child is being abused, I must make a report to Child Protective Services. These situations are exceedingly rare in private educational practices. If such a situation occurs in our relationship, I will make every effort to discuss it with you before taking any action.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Authorization to Exchange Confidential Information**

I, \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_ hereby authorize Renee Miller, Educational Coach and Math Specialist, to exchange confidential information regarding my child's learning profile and individualized support plan with:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please note the name and function of the person(s) with whom information is to be exchanged.

This Authorization permits the exchange of the following information:

\_\_\_ Any and All Information Necessary

\_\_\_ Diagnosis

\_\_\_ Educational Test Results

\_\_\_ Treatment Plan

\_\_\_ Student Records

\_\_\_ Clinical Test Results

\_\_\_ Conference Notes

\_\_\_ School Accommodations

\_\_\_ Other: \_\_\_\_\_

I understand that I have a right to receive a copy of this authorization. \_\_\_\_\_ (initial)

I also understand that any cancellation or modification of this authorization must be in writing. \_\_\_\_\_ (initial)

This Authorization shall remain valid until: ("Expiration Date") \_\_\_\_\_

I agree to these terms:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_