



Counseling And Support Associates, PC
AT LAKE NORMAN

CO-ORDINATION WITH CHILD'S SCHOOL

Counseling And Support Associates, PC may wish to work in cooperation with faculty and staff at your/ your child's school and school district. As such, we ask your permission to communicate with these individuals to coordinate and expand care for you or your child. This communication will be from Counseling And Support Associates, PC to the school and from the school to Counseling And Support Associates, PC. Your consent is valid for one year. If you decline, no information will be shared. You may change your decision at any time.

_____ You may communicate with the school.

_____ I/ we decline the sharing of information.

ATTENTION: _____

SCHOOL NAME: _____

ADDRESS: _____

PHONE: _____

COMPASSIONATE CARE FOR POSITIVE CHANGE

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