***Confidentiality Document***

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAPT Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned agree that this meeting and discussion is confidential and only for the purpose of service coordination and treatment planning.

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| **Signature** | **Agency** |
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