

Speech Beginnings, PLC

Speech-Language Services: Evaluation and Therapy



speechbeginnings.com • 571-481-4344 • speechbeginnings@gmail.com

Release/Exchange of Information

I authorize Speech Beginnings, PLC, to release and/or exchange information regarding the client with the following persons or agencies to include:

- _____ Evaluation/Screening Results
- _____ Therapy Progress/Treatment Notes
- _____ Insurance Information (incl. Diagnostic/Treatment Codes)
- _____ Academic/Educational/Classroom Performance
- _____ Other: _____

1. _____
(Professional or Agency Name & Address)

2. _____
(Professional or Agency Name & Address)

3. _____
(Professional or Agency Name & Address)

Client (Child) Name: _____

Client (Child) D.O.B. _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

* Authorization will expire upon termination of services with Speech Beginnings, PLC, and may be revoked in writing at any time.