

# Speech Beginnings, PLC

Speech-Language Services: Evaluation and Therapy



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## 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.