

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: _____

(*Release /Exchange of information may be in verbal and/or written and/or electronic forms)

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.