

Speech Enterprises, Inc.

Special Interest: Deaf & Hard of Hearing

Director
Denise A. Gage, M.A., CCC
Speech/Language Pathologist
Certified Auditory Verbal Therapist[®]

CONSENT FOR RELEASE OF RECORDS

Patient Name: _____ Date of Birth: _____

Address: _____

I hereby authorize Denise Gage, M.A., CCC & Associates to release clinical information concerning me/my child to other professional organizations, professional individuals, or service programs as specified below:

Restrictions for release of any clinical information are as follows: _____

I hereby authorize release of records concerning _____

FROM: _____

TO: Speech Enterprises, Inc.
Denise Gage, M.A., CCC
3111 W. Arkansas Lane
Arlington, TX 76016

In order to complete evaluation procedures, plan therapy, and/or maintain current records on this patient, reports of the following information are requested:

- | | |
|--------------------------------|-------------------------------|
| - Medical examination | - Audiological examination |
| - Neurological examination | - Speech-language examination |
| - Ontological examination | - Speech-language progress |
| - Laryngeal examination | - Psychological evaluation |
| - Visual examination | - Individual Education Plan |
| - Physical therapy examination | - ARD committee conference |
| - Occupational examination | - Education assessment |
| - Other: _____ | |

Signature

Date

Relationship to Patient

Witness