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Listening and Spoken Language Specialist

Patient Authorization

Section I: Receipt Acknowledgement for the Notice of Privacy Practices

I, _____ have been made aware of the notice of Privacy Practices for Speech Enterprises, Inc. I understand that this notice states how Speech Enterprises Inc. may use and disclose my Protected Health Information ("PHI.")

I UNDERSTAND THAT A COPY OF THIS NOTICE IS AVAILABLE UPON REQUEST.

____ Initial

Section II: Consent for Treatment

I authorize Speech Enterprises, Inc. to perform all exams, tests, procedures, or advisable for the diagnosis and treatment of my medical condition(s.)

____ Initial

Section III: Consent for Release & Acquisition of Medical Records

In order to provide the most accurate reading of my current studies and to assure that I am receiving the highest quality of care, I consent to Speech Enterprises, Inc. obtaining any of my previous speech language or developmental reports, for comparison purposes. For the same purpose, Speech Enterprises, Inc. may release my speech and language information at this facility to my treating physicians and medical facilities, upon their request.

In order for Speech Enterprises, Inc. to obtain and release my records in a timely manner, I authorize Speech Enterprises, Inc. to convey my records by fax, Certified Mail, Courier or Electronic Transmission.

Initial

Section IV: Release of Records to a Designated Third-Party

In addition to my treating physicians and medical facilities, I authorize Speech Enterprises, Inc. to release my records and images to the following individuals. (This should include friends or family members responsible for picking up your records when you are unable to do so.) PLEASE PRINT

Name: _____

Phone: _____

Name: _____

Phone: _____

____ Initial

Patient Signature:

By signing below I am verifying that I have read each of the four sections on this page. I understand each section and consent to and agree with the information stated in each section.

Patient / Legal Representative Signature

Date

Patient's Printed Name

Date