



## Authorization to Exchange, Obtain or Release Information

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, (guardian/family member) hereby grant Reni Hanley SLP, LLC permission to communicate with the following person or agency:

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_ (phone and email)

### Information to Be Released:

- Medical History
- Therapy Evaluation
  - SLP  OT  PT  Other: \_\_\_\_\_
- Treatment Notes
  - SLP  OT  PT  Other: \_\_\_\_\_
- School Records (Evaluations, IEP, academic reports, etc.)

### For the Purpose Of: (check all that apply)

- Coordinating care with other professionals
- Providing continuity of services
- Updating therapeutic progress
- Other \_\_\_\_\_

I grant permission to exchange information via written and mailed report, phone call, meeting, email, or fax.

I understand that unless revoked, this authorization will remain valid until written revocation of this authorization is presented.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client