



Albuquerque **Speech Language Hearing** Center

Be a part of the conversation.<sup>SM</sup>

**RELEASE OF INFORMATION**

I hereby request the Albuquerque Speech, Language, and Hearing Center to release information regarding the diagnosis and/or treatment of named patient to the entities I have listed below. I understand that copies of diagnostic and progress reports will be sent to referring physicians, psychologists, and appropriate insurance companies in conjunction with filing procedures. I also understand this release of information will remain in effect until I notify the Albuquerque Speech, Language and Hearing Center in writing of any changes or cancellations.

**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release to (*please print name and address*):**

- School \_\_\_\_\_
- Parent \_\_\_\_\_
- Other \_\_\_\_\_

**Patient Name** \_\_\_\_\_ **DOB** / / \_\_\_\_\_

\_\_\_\_\_  
**Authorizing Signature (if under 18 parent or Guardian)**

\_\_\_\_\_  
**Date**