



Albuquerque **Speech Language Hearing** Center

## RELEASE OF INFORMATION

I hereby request the Albuquerque Speech Language 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 Hearing Center in writing of any changes or cancellations.

Special Instructions:

Release to (please print name and address):

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

Patient Signature \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorizing Signature (if under 18 parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_