**GOEPFERT SPEECH ASSOCIATES, LLC**

**Diagnostic and Therapeutic Services for Children and Adults**

**431 East Chocolate Avenue**

 **Hershey, PA 17033 Phone/Fax: (717) 533-1916**

**Release of Information**

RE (Patient) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EFFECTIVE DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby authorize the PROVIDER:

(x) Release information to: (x) Receive information from:

Name and Address: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referring Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goepfert Speech Associates, LLC, 431 E Chocolate Ave Hershey, PA 17033\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information may include:

 (X) Speech/Language Evaluations (X) Developmental/Psychological Reports

 (X) Educational Assessments (X) Progress Reports

 (X) Medical Reports (X) Other: (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information received will be used to develop an appropriate service plan and will be subject to state laws protecting confidentiality. This information will not be released to any other person(s), agencies, or institutions. Any information generated by this agency will not be disseminated without signed authorization by the client and/or parent/guardian. Photostatic copies of this authorization shall be considered valid.

**Please read the above form before signing.**

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Authorized signature-Client/Parent/Guardian Date

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Authorized signature-Client/Parent/Guardian Date