SPEECH LANGUAGE THERAPY SERVICES

Educational Institution Disclosure Authorization

Patient Name:	**SSN:**
AKA Name(s):	**DOB:**

At times it will be requested that we work collaboratively with the Anchorage School District and other educational institutions in order to assist them in coordinating an effective speech therapy plan. In order to maintain transparency during these collaborations we may need to discuss aspects of your treatment that would be pertinent to the services being provided at these institutions. (e.g. communication device/software being used, etc.) By signing this document, you authorize Speech Language Therapy Services to disclose information within your patient record to these entities and that you understand that these records may contain sensitive information.

This authorization is voluntary and may be revoked at any time by signing the revocation section at the bottom of this form, or by notifying Speech Language Therapy Services, LLC in writing. Revoking this authorization will not affect actions taken on this authorization prior to the date the revocation was received. Speech Language Therapy Services, LLC will not condition your treatment, payment, or eligibility for services based on whether you provide this authorization.

Acknowledge that the entities authorized are not a health plan or health care providers and the released information may no longer be protected by federal privacy regulations. To the extent that this information is required to remain confidential by federal or state law, the recipients of this information must continue to keep this information confidential. You may request a copy of this signed authorization.

Signature of Patient or Personal Representative: **(Or witness if signature is by mark)**	**Date:**
Printed name of Personal Representative (or witness description of Personal Representative's Authority):	
Complete when/if revoked _____ **This authorization was revoked on: _____ (date)** **Signature of Patient or Personal Representative:**	

A PHOTOCOPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL

Speech Language Therapy Services, LLC.
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