

# Nichols Speech

## & Language Services

Providing quality care for children with communication disabilities

### Authorization to Obtain Confidential/Protected Health Information

Student/Consumer Name \_\_\_\_\_

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

This authorization allows the agency listed below to release to *Nichols Speech and Language Services* confidential information which may contain protected health information including medical, psychiatric, psychological, mental health, social, legal, drug and/or alcohol abuse, educational, speech or therapy information for inclusion in their records for the purpose of assessment, consultation, case management, service authorization, determining eligibility, planning for services and benefits for individuals with developmental disabilities.

I hereby authorize *Nichols Speech and Language Services* to obtain the following records:

Specify Type of Record/Name of Agency: \_\_\_\_\_

Date of Record: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

1. I agree that a copy or fax of this form shall be as valid as the original.
2. This authorization shall remain valid from date of signature until revoked in writing by the consumer or the consumer's parent, guardian or conservator.
3. I understand that *NSLS* may not further use or disclose the Confidentiality/Protected Health Information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I hereby consent to *Nichols Speech and Language Services* to obtain records from the agency specified above.

\_\_\_\_\_  
Legally Authorized Signature

\_\_\_\_\_  
Date

If someone other than consumer is giving written consent, indicate relationship to consumer: **(Circle One)**:  
Parent \*Guardian \*Conservator \*Court Appointed Representative (\*Written Proof Required)

The person giving signature to this authorization to obtain confidential/protected health information has the right to receive a copy of this authorization.

\_\_\_\_\_  
Parent/Legal Guardian/Consumer Signature

\_\_\_\_\_  
Date