

Nichols Speech

& Language Services

Providing quality care for children with communication disabilities

Authorization to Release Confidential/Protected Health Information

Student-Consumer Name

Date of Birth

This authorization allows *Nichols Speech and Language Services* to release to the agency listed below 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 release the following records to:

Specify Type of Record/Name of Agency: _____

Date of Record: _____

Address: _____

Agency's 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 given by me or other authorized person, or unless such use or disclosure is specifically required or permitted by law.

I hereby consent to *Nichols Speech and Language Services* to release records to 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 release confidential/protected health information has the right to receive a copy of this authorization.

Parent/Legal Guardian/*Consumer Signature

Date

*Consumer must be 18 years or older