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: _____
_____
_____
Referring Physician:_____
Goepfert Speech Associates, LLC, 431 E Chocolate Ave Hershey, PA 17033_____

The information may include:

(X) Speech/Language Evaluations
(X) Educational Assessments
(X) Medical Reports
(X) Developmental/Psychological Reports
(X) Progress 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.

_____ _____
Authorized signature-Client/Parent/Guardian Date

_____ _____
Authorized signature-Client/Parent/Guardian Date