24 W. Shadbolt, Lake Orion, MI 48362 • (248) 985-3742 • info@oaklandspeechandlanguage.com

## Authorization to Release Protected Health Information

I desire that my child (or another child for whom I have legal responsibility, in each case, the "Patient"), receive diagnosis, treatment, and/or care by Oakland Speech and Language, LLC, a Michigan professional limited liability company, including its therapists (the "Provider"), falling within the scope of a speech-language pathology practice, defined by the American Speech-Language-Hearing Association. I understand that, in the course of such diagnosis, treatment, and for the purpose of continuing and coordinating a plan of care, it will benefit the patient for the Provider to discuss such diagnosis, treatment, and/or care plan with one or more faculty members of the Patient's school, or other related healthcare providers. I understand that such information is or may be considered to be personal or individually identifiable health information and/or protected health information (The "Protected Health Information") under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 42 USC 1320d and 45CFR 160-164, as amended, and under the rules and regulations thereunder. I authorize and intend that the Provider release and disclose the Protected Health Information to the Patient's school, or to related healthcare providers, whether such Protected Health Information is now or later in existence. This authorization has no expiration date and shall expire only in the event that I revoke this authorization in writing and deliver it to the Provider, and then such revocation shall apply only with respect to disclosures made after such delivery of revocation.

| ______________________________ | ______________________ |
| --- | --- |
| Signature | Date |
| ______________________________ | ______________________ |
| Print Name | Name of Patient (Child) |

Please list the names, phone number, and email address of providers whom you would like Oakland Speech and Language, LLC. to be in contact with:

1) ____________________ ____________________ ____________________

2) ____________________ ____________________ ____________________

3) ____________________ ____________________ ____________________