



# Professional Speech & Language Therapy, Inc.

## *Speech Therapy Services*

1514 E. Cleveland Avenue, STE 200, East Point, GA 30344

Phone: (678) 608-9601 • Fax: 1 (800) 420-4398

### AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release healthcare information  
of the patient named above to: Professional Speech & Language Therapy, Inc.

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The request and authorization applies to:

Healthcare information relating to the following treatment, condition dates Speech Therapy  
evaluation/notes/progress

Patient/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[DO NOT SIGN]

**THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS DATED**