



Communication Matters, LLC

Speech and Language Therapy
Across a Lifespan

Release of Information

Information concerning the patient or evaluation/treatment results will be released only with signed consent of the parent or legal guardian of the patient. A signature is required for any reports/documentation to be provided to anyone other than the parent or legal guardian.

I, _____, authorize Communication Matters, LLC,
(Parent/legal guardian)

to release any information concerning _____ to
(patient's name)

other professional, agencies, and/or designated recipients.

I, _____, authorize _____
(Parent/legal guardian) (Professional Agency)

to release information concerning _____
(patient's name)

to Communication Matters, LLC.

Signature of Parent or Legal Guardian

Date

Communication Matters, LLC

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