Katherine LaPeter, CCC-SLP
Speech & Language Services
Phone: 503-516-2871
4412 NE 26th Ave. Portland, OR, 97211

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

(This authorization must be written, dated and signed by the client or by a person authorized by law to give authorization.)

Name: _____ Title: _____
Organization: _____ Phone: _____
Email: _____ Address:_____

Name: _____ Title: _____
Organization: _____ Phone: _____
Email: _____ Address:_____

Name: _____ Title: _____
Organization: _____ Phone: _____
Email: _____ Address:_____

I hereby authorize Katherine LaPeter, CCC-SLP to consult with the above mentioned providers. Katherine LaPeter, CCC-SLP is permitted to send ____ *(initial)* and/or receive ____ *(initial)* information deemed relevant for the coordination of services including test results, treatment plans, and clinical impressions. Unless revoked earlier, this authorization will expire on _____, 1 year from today.

Legal Guardian Signature: _____Date: _____

Legal Guardian Printed Name: _____

Relationship to Child: _____