



Madison Speech, LLC

Permission to Disclose Information

By signing below, you give consent for Madison Speech, LLC to disclose protected information to the facility/person designated below. You are also allowing the facility/person designated below to release information in regards to the patient listed to Madison Speech, LLC. The information disclosed may include but is not limited to the following: evaluation reports, plan of cares, progress notes, and any information pertaining to the treatment of the patient. Signing below also is acknowledgement that you accept the terms and conditions of Madison Speech, LLC's Notice of Privacy Practices, Policies and Procedures.

Notice of Privacy Practices: You have the right to read our *Notice of Privacy Practices* before you decide whether to sign this consent. Our Notice provides a description of how we may need to utilize and disclose health information about you for treatment, payment, or healthcare operations and other important matters about your protected information. You may obtain a copy of our *Notice of Privacy Practices* by contacting Madison Speech, LLC at (256) 464-9464.

Name of Contact: _____

Facility/School: _____

Mailing Address: _____

Email Address: _____

Office Phone #: _____ Office Fax #: _____

Patient Name: _____ Date of Birth: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____