

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patients Name: _____

DOB: _____ Social Security #: _____

I request and authorize Speech Solutions, Inc. to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

_____ Healthcare information relating to the following treatment, condition, or dates:

_____ All healthcare information _____ Other: _____

Patient Signature/Legal Guardian's Signature Date

Privacy regulations require us to have releases signed by our patients for us to speak with family members, friends and other relations regarding medical treatment. Each person must be listed individually and by name. Please print name, relationship and telephone number for each person to whom you are authorizing release of your private health care information. Also, by signing below, you are acknowledging that you have read and understand the Notice of Privacy Practices. I understand that Speech Solutions, Inc. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I hereby acknowledge to the use and disclosure of my personal health information for purposes as noted in Speech Solutions, Inc.'s Notice of Information Practices. I understand that I retain the right to revoke this acknowledgement by notifying the practice at any time.

Name Relationship Telephone #

Name Relationship Telephone #

Patient Signature/Legal Guardian's Signature Date

4260 Fayetteville Road (Upstairs)
P.O. Box 1288
Lumberton, NC 28359
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(F) 910-671-9630

714 Atkinson Street
Laurinburg, NC 283522
(P) 910-277-1588
(F) 910-277-1589

106 South Lee Street
Whiteville, NC 28472
(P) 910-640-0856
(F) 910-640-0857

4902 Main Street, Suite D
Shallotte, NC 28459
(P) 910-754-3484
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