



TherapyTalk

Pediatric Speech, Occupational and Physical Therapy

Authorization to Disclose Health Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ as parent or legal guardian, hereby authorize (list agency name, address, phone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to disclose specific health information from the records of the above named child to:

Therapy Talk  
140 Cabarrus Avenue West  
Concord, NC 28025  
Phone: 704-239-6321 (office)  
1-844-708-0619 (Fax)

For the following purposes \_\_\_\_\_

Specific information to be disclosed (check all that apply)

- |                                                                       |                                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Social and Developmental History             | <input type="checkbox"/> Individual Family Services Plans (IFSP's) |
| <input type="checkbox"/> Physical or Occupational Therapy Evaluations | <input type="checkbox"/> Habitation/Treatment plans                |
| <input type="checkbox"/> Speech-Language/Feeding Evaluations          | <input type="checkbox"/> Progress Reports/Progress Notes           |
| <input type="checkbox"/> Educational Evaluations                      | <input type="checkbox"/> Intermediate Assessments                  |
| <input type="checkbox"/> Developmental/Multi-disciplinary Evaluations | <input type="checkbox"/> Other _____                               |
|                                                                       | <input type="checkbox"/> Other _____                               |

I request the following limitations \_\_\_\_\_

I authorize Therapy Talk to release progress reports/ notes, habitation/treatment plans, Individualized Family Service Plans (IFSP's) and OT/PT/ST evaluations to the Institution listed above. I understand that this authorization will expire on the following date, event, or condition -

\_\_\_\_\_ or I can revoke this authorization at any time.

Signed: \_\_\_\_\_ (relationship to child) \_\_\_\_\_ Date: \_\_\_\_\_