ACE Speech and Language Clinic, LLC
"*Communication keeps you in touch for a lifetim*e"

Consent to Release Protected Health Information

Authorization for Release of Information

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that the released information may be subject to re-disclosure by the recipients and no longer be protected by federal privacy regulations.

Patient Name:____
Persons/Organization providing the information:

ACE Speech and Language Clinic, LLC
1133 Rankin Street, Suite 221
St. Paul, MN 55116

Persons/Organization receiving the information:___________________________________
____
____

Specific description of information (include date(s)):_____________________________
____
____
____

What is the purpose of use or disclosure of patient information?:____________________
____
____

The client or the client's representative must read and initial the following statements:

1. I understand that this authorization will expire on ___/___/____ (DD/MM/YEAR) If I fail to specify an expiration date, this authorization will expire 12 months from the date signed or after this event. Initial _____________
2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it won't have any effect on any actions that ACE Speech and Language Clinic, LLC took before it received the revocation. Initials_______
3. I understand that I may refuse to sign this form and that my health care and the payment for my health care will not be affected if I do not sign this form.
Initial________

Over please

____ ____________
Signature of client or client's representative **Date**
(Form **MUST** be completed before signing.)

If client's representative signs this authorization, please complete the following:

____
Printed name of client's representative:

____
Relationship to the client:

Describe representative's authority to act for the client:
____
____
____