



Practical Speech Solutions, PLC

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Authorization to Release/Exchange Information

I provide my consent for Practical Speech Solutions, PLC to exchange and/or release information regarding the individual listed below with the following people or agencies for the following:

- _____ Evaluation/Screening Results
- _____ Treatment notes/Therapy Progress notes
- _____ Educational Consult/documentation (IEP, teacher/therapist contact)
- _____ Insurance Documentation
- _____ Other: _____

Contact Person or Agency: _____
Address: _____

Contact Person or Agency: _____
Address: _____

Contact Person or Agency: _____
Address: _____

Client Name: _____

Client Date of Birth: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____